DOCUMENT RESUME

ED 072 567 EC 050 920

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TITLE	An Adaptation of the Teaching Reference Community Developed by the National Communicable Disease Center. Dixon, Tiller County, U. S. A.
INSTITUTION	National Bureau of Standards (DOC), Washington, D.C.
REPORT NO	NBS-P-4314586; NBS-R-10539
PUB DATE	Jan 71
NOTE	95p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*Community Health; Community Resources; *Exceptional Child Services; *Handicapped Children; Health Facilities; *Health Services; *Models; Preschool Children; Statistical Data

ABSTRACT

Demographic and other descriptive data on a hypothetical metropolitan area (Dixon City, Tiller County) are presented in the report, which is intended as a health study and training model. Most of the statistical and descriptive data are drawn from a health training model developed by the Communicable Disease Center, U. S. Department of Health, Education, and Welfare, with emphasis on selection of data relevant to child health and child development. Information is given on the hypothetical community's general characteristics, education, medical personnel, major medical facilities, clinic operation, health department operation, services for the economically disadvantaged, and non-governmental agencies. The hypothetical community was developed to serve as a frame of reference for a workshop on the identification and treatment of developmental disorders among preschool children. It is intended to provide an adequate base on which to plan a model preschool screening and treatment system. (KW)

ED 072567

NATIONAL BUREAU OF STANDARDS REPORT

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DIXON, TILLER COUNTY U.S.A.

An Adaptation of the Teaching Reference
Community Developed by the National
Communicable Disease Center

Prepared for
The President's Committee on Mental Retardation

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NBS

U.S. DEPARTMENT OF COMMERCE
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U.S. DEPARTMENT OF COMMERCE
NATIONAL BUREAU OF STANDARDS

FOREWORD

This report describes the background of two political subdivisions and a region--a city called Dixon, its county called Tiller, and the surrounding metropolitan area.

The report's contents are based on a health training model entitled Dixon, Tiller County developed by the Communicable Disease Center (CDC), U.S. Department of Health, Education, and Welfare. Most of the descriptive material and statistical data is drawn directly from the CDC report. However, an effort has been made to select information and data that are relevant to child health and child development. In several places the Dixon, Tiller County material has been augmented to highlight this special area of concern.

This hypothetical community was developed to provide a frame of reference for the participants in a workshop of the identification and treatment of developmental disorders among preschool children which the President's Committee on Mental Retardation plans to sponsor. As such, it is hoped the report will provide an adequate base on which to plan a model screening and treatment system for preschool children.

The task of the workshop participants will be to outline in as much detail as possible the programs and activities that should be established to discover and treat developmental disorders among preschool youngsters in Dixon County. The Committee's ultimate objective in sponsoring such a workshop is to stimulate a demonstration project in one or more metropolitan areas to implement a comprehensive approach to early identification and treatment of children with a wide range of developmental disorders.

In addition to the Dixon, Tiller County material, a Mental Health Supplement prepared by Organization Development Services in Sacramento, California for the United States Jaycees has also been utilized for specific information in the field of mental health.

The cooperation of the staff of the Training Program Section of CDC is greatly appreciated. Special thanks must be given to Bob Saunders and the late Al Frierson who extended every effort in enabling the adaptation of their work.

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1. DIXON CITY, TILLER COUNTY

General Characteristics

The state in which Tiller County is located lies in the South Atlantic Region of the United States, bordered on the east by the Atlantic Ocean and by its neighboring states in the other directions. The roughly rectangular shape of the state covers a land area of 51,220 square miles. In 1970 the state's total population was 4,129,620.

The topography of the state is characterized by three distinct landscapes. The eastern third is the coastal area rising gradually to the west toward the mountain range traversing the state from its northern to its southern borders. The western third of the state is the upper, flat fertile plain.

The largest metropolitan area of the state, accounting for 42% of the state's total population is located in the central section of eastern plain. The state capitol is located north of the metropolitan centroid. Gross personal income for all state residents for the preceding year was in excess of $10 billion placing the state in the upper third of the gross earning power of residents in all 50 states. The personal per capita income of residents in the state was $2,539, which is far below the national average of $3,300 per capita per annum.

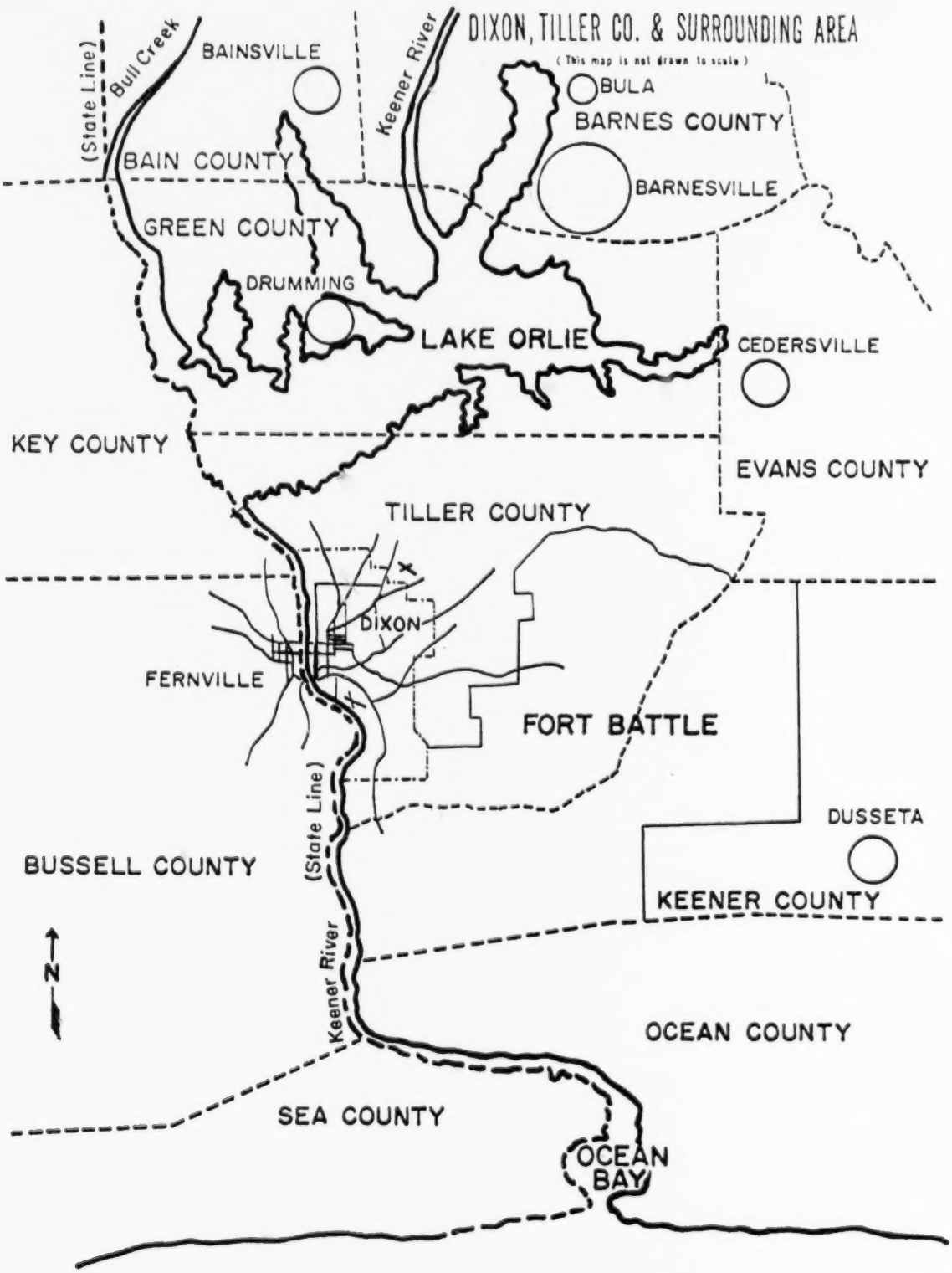
Tiller County is located on the western boundary of the state. (See Figure 1 for a map of the county and its surrounding area.) The average east and west distance is approximately 18 miles and the average north and south distance is approximately 12 miles. Tiller County and the state have a common western boundary, the Keener River. The southeast corner of Tiller is occupied by a 79-square mile portion of an Army reservation known as Fort Battle, which extends into adjoining Keener County. Dixon, Tiller's county seat, covers an area of 25 square miles in the middle of the county's western boundary, and is the only incorporated community in the county. There are a few densely populated areas, but most of these, outside the 3- or 4-mile wide fringe strip bordering Dixon, are small and well-removed from Dixon.

The governing body of the county is the Board of Commissioners of Roads and Revenues. This board is composed of five members elected at large for staggered terms of four years. Finances and personnel are administered by the county clerk's office.

Dixon City

The City of Dixon was established as a planned city by the state legislature in 1827. It is a riverport city located on a navigable portion of the Keener River. With a population of 131,600, Dixon is the second largest city in the state. Across the river from Dixon is Fernville (in an adjoining state), a city of 62,300. The combined metropolitan area population of 193,900 places the Dixon-Fernville Standard Metropolitan Area 125 in rank of all metropolitan areas in the U.S.

FIGURE 1


DIXON, TILLER CO. & SURROUNDING AREA
(This map is not drawn to scale)
(State Line)
Bull Creek
BAINSVILLE
Keener River
BULA
BARNES COUNTY
BAIN COUNTY
BARNESVILLE
GREEN COUNTY
DRUMMING
LAKE ORLIE
CEDERSVILLE
KEY COUNTY
EVANS COUNTY
TILLER COUNTY
DIXON
FERNVILLE
FORT BATTLE
DUSSETA
(State Line)
BUSSELL COUNTY
KEENER COUNTY
N
Keener River
OCEAN COUNTY
SEA COUNTY
OCEAN BAY

According to 1968 Census estimates, the total city-county population of Tiller is 185,000. Some general demographic information is found in Table 1. In order to indicate more fully the demographic status of the county, the following tables are placed here rather than in Appendix A (where more specific statistical information is found). The following tables break down the population of Tiller County by age, race, education, income and socio-economic class.

A geographical breakdown of population by the socio-economic class definitions used in the previous tables is indicated in Figure 2. This division is based on such characteristics as income, housing, and education. There are, however, several areas within the so-called low socio-economic areas that are particularly below the remainder of the city residents in most general measures of well-being. These poverty areas are also noted in Figure 2 and described in more detail in Appendix A.

The economy of the city has expanded continuously. Good rail and river transportation, a plentiful water supply, and a mild climate have undoubtedly been important factors in this development.

The principal source of employment is the textile industry. Other sources of employment include industries and businesses dealing in foods, lumber, chemicals, and fertilizers, stone, clay and glass products. Fort Battle has also contributed much to the growth and wealth of the city. There are six radio stations, two newspapers, and two television stations in the immediate area.

Government

The governing body of Dixon is the five city commissioners. The city commissioners are elected at-large for terms of four years. A mayor and mayor pro tem are appointed from among their fellow commissioners, but these officials have no more authority than other commissioners. The mayor receives a higher salary and often represents the city at necessary social functions.

A city manager administers the city government, being appointed by the city commissioner for an indefinite term. The manager is selected solely on the basis of his administrative qualifications.

The city joins the county in several fields of responsibility, including the health department, board of hospital managers, metropolitan planning commission, and Tiller County school system. These organizations and activities are discussed elsewhere in this report in more detail. (Consult the Table of Contents.)

TABLE 1

GENERAL STATISTICS (1968)

	Land Area	Population	Population Density
City of Dixon	26.2 sq. mi.	131,600	5,022
Metropolitan Statistical Area	1,112	193,900	174
Tiller County	220	185,000	823
Standard Metropolitan Statistical Area:			
Household Income	$6,843		
Per Capita Income	3,000		
Households	62,800		

TABLE 2

POPULATION BY AGE AND RACE
TILLER COUNTY

Age Group	White	Other Races	Total
0-4	20,010	6,080	26,090
5-14	27,420	10,130	37,550
15-24	25,491	6,699	32,190
25-44	41,489	11,791	53,280
45-64	19,582	7,238	26,820
65+	6,793	2,277	9,070
Total	140,785	44,215	185,000

TABLE 3

EDUCATION BY YEARS OF
SCHOOL COMPLETED IN PERSONS 25+ BY RACE, TILLER COUNTY

Years of School Completed	White	Other Races	Total
Elementary			
None	610	1,263	1,873
1-4	7,083	4,866	11,949
5-7	5,706	4,013	9,719
8 years	6,232	1,704	7,936
High School			
1-3	5,847	4,140	9,987
4 years	27,413	3,529	30,942
College			
1-3	6,086	960	7,044
4+	8,887	831	9,718
Median School Years Completed	11.3	7.3	11.1

TABLE 4

FAMILY INCOME BY AMOUNT AND RACE
TILLER COUNTY

Family Income ($)	Families White	Families Other Races	Families Total
Under 3,300	4,154 (11.6%)	2,253 (24.1%)	6,407 (14.2%)
Over 3,300	31,655 (88.4%)	7,094 (75.9%)	38,749 (85.8%)
Median	$8,147	$4,974	$7,322

TABLE 5

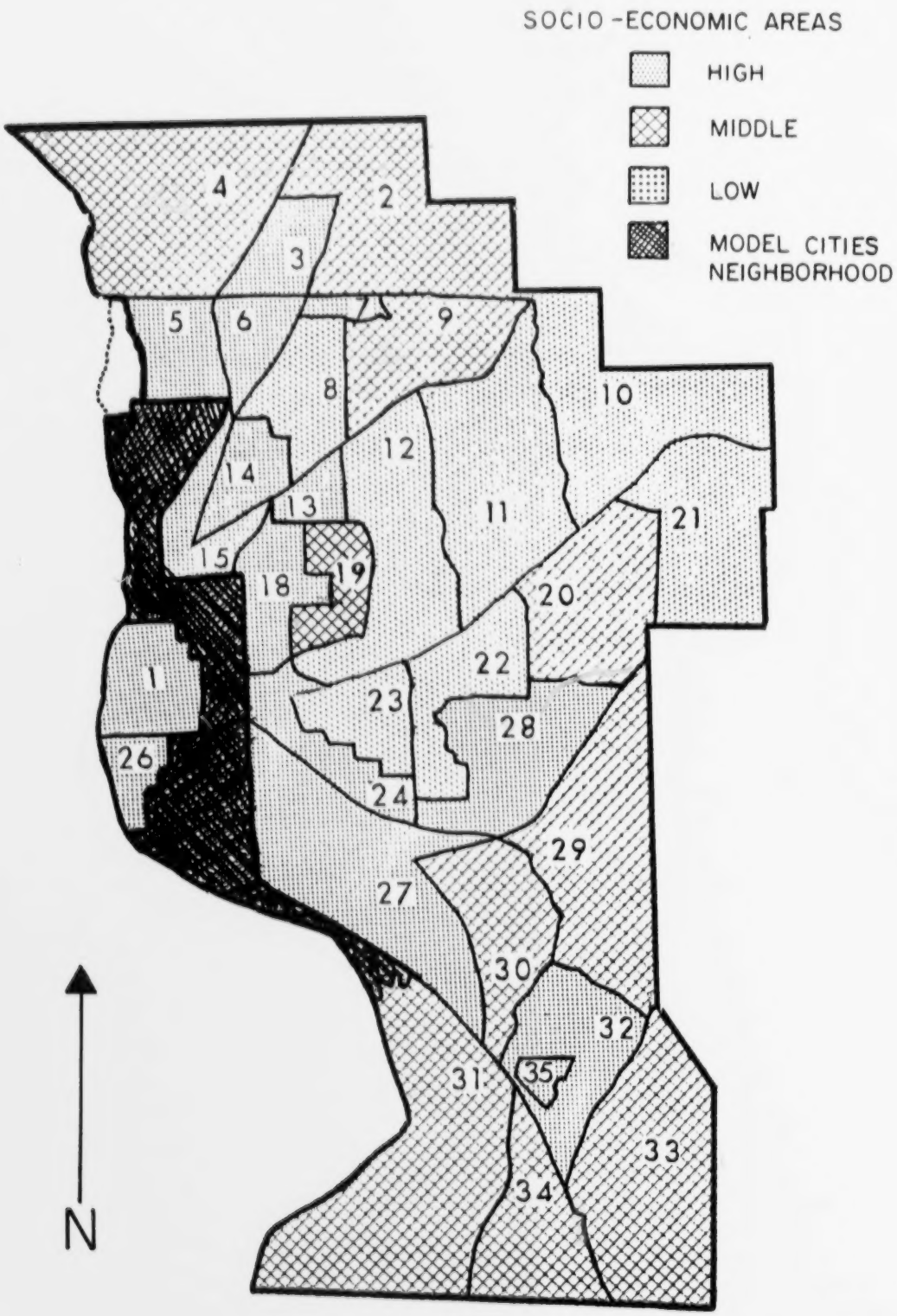
POPULATION BY SOCIO-ECONOMIC CLASS*
TILLER COUNTY

High	Middle	Low	Rural
21,300	45,400	82,800	35,500

*Socio-economic stratification is based on family income, education, and housing characteristics.

FIGURE 2

CITY OF DIXON



City Budget

The annual cost of the city government, including the medical center and the waterworks, is about $7,500,000, or $74.00 per capita. The city debt amounts to about $4,000,000 for general obligations and about $5,000,000 in revenue bonds. These debts are retained by the annual tax levy and by some portion of the revenue from the waterworks. City indebtedness is controlled by state law, which limits total indebtedness but not the debt for any one purpose.

Tax Assessment

Real estate taxes amount to 50% of the city revenue. Property assessments are made annually, according to the market value of the property, by the Board of Tax Assessors.

Fort Battle

Fort Battle, a permanent Army post, was established in 1918. It has continually grown and today covers an area of 286 square miles, 79 of which are located in Tiller County. The main post is located in Tiller County; most of the land area, located outside the county, is training grounds.

Although the military strength of the post fluctuates, Fort Battle has an average military population of 32,000, with an additional 33,000 dependents of military personnel. Approximately 9,000 of the servicemen and 25,000 of their dependents live off the post, with 3,000 families live on the post. The remaining personnel are quartered on post. About 3,000 dependent children attend school on the post and about 9,500 attend schools off the post.

Fort Battle military personnel, their dependents, and civilian employees contribute an average of over $8,000,000 monthly to the economy of the area. Of this amount, approximately $900,000 is earned by about 5,000 part-time or full-time civilian employees.

2. EDUCATION

General

The city and county school districts were merged in 1950 under the Tiller County Board of Education. The present Tiller County School District, as a political subdivision of the state, is an independent entity, separate from both city and county. Over 44,000 students are served by the public schools, with 1,200-plus students attending private schools and 800 residents (including children and adults) taking advantage of the vocational training programs. Table 6 enumerates the school population and facilities.

Schools

Although kindergarten is not provided, first through twelfth grades, an adult education program, and private schools are available to the citizens of the school district. These schools are housed in buildings that range in age from "new" to over 50 years old. Increased enrollment in recent years has required the use of churches and nonpublicly owned spaces to provide enough classrooms. The results of a 1957 special report indicated there were 500 elementary classes with more than 30 pupils enrolled in each.

Children, of 7 through 16 years of age, are required by state law to attend school 180 days annually.

Military

The military operates seven schools independently of the Tiller County School District for military dependents who reside on post. These seven schools provide kindergarten through the eighth grade. Transportation of Tiller County schools is furnished by the military to those students above the eighth grade who live on post.

Military dependents who reside off post attend the Tiller County schools. Funds are made available to the local school system from the Federal Impacted Area Program.

Special Education

Due to the rather limited special facilities, the school program keeps as many children as possible in the regular classes. The special classes are for those who either disrupt the regular classes or obviously could not benefit from the regular program. The primary factor concerning placement, however, is the available space in the special education program.

In order to provide the care required by these children with developmental disorders remaining in the regular classes, the counseling staff of a few schools includes a child development consultant who works with the child and the teacher to provide the child with a proper program. In addition, a small staff of itinerant teachers visit the schools and work with the children in certain areas such as speech therapy, and aid for those with visual and/or audio problems not severe enough for special classes.

To educate parents (a vital consideration in special education), regularly scheduled meetings and conferences are held with them to discuss their child's development. By establishing communication with those responsible for the child's home life it is anticipated that a fuller treatment may be established.

It is hoped that those children requiring special treatment will be diagnosed before entering school; but the elementary teachers are trained to identify those children who require special attention after entering school. (Note the pilot program along these lines sponsored by Model Cities, page 26.) Referral is then made for special education classes, health department programs or special part time assistance. (See Section 7 for details on health department programs.)

Despite the efforts of the county to detect and treat developmental disorders at the earliest possible age, some children entering school require special (i.e., segregated from the other children in the school population) programs.

These programs include classes for:

a) Children with orthopedic disabilities and other health impairments. These are 20 children in these classes run by 2 teachers.

b) Educable (or mildly retarded) children are taught in special classes. 168 children are taught in 5 primary classes, and 2 Junior High classes.

c) Children with visual impairments are served on an itinerate basis by a teacher-consultant of the visually handicapped. Programs are arranged for those who are unable to attend school because of an emotional or physical disability. The hospitalized are taught in the hospitals by nurses and teachers in a Department of Education run program. Transportation is provided to all students who require it.

These programs, however, fall far short of the need. It is estimated (see Appendix A, Table A11), that about 1,912 school age children in Tiller are (mildly or moderately) mentally retarded. Only 168 (less than 10%) of them are served in these special education programs.

TABLE 6

EDUCATIONAL FACILITIES - TILLER COUNTY

Public Schools	No. Schools	No. Students
Elementary	49	28,202
Junior High	6	5,852
Senior High	5	9,913
Night High	(1)	132
Special Classes	(7)	168
Total	60	44,267

Private and Parochial Schools	No. Students
Trinity	269
Pacelli Elementary	410
Pacelli High	202
Our Lady of Lourdes	390
Total	1,271

Vocational and Adult Education Schools	No. Students
Dixon Vocational School	323
Keener Valley Vocational School	279
Tiller County Adult Education School	196
Total	798

Colleges	No. Students
Dixon Junior College	832

The 20 children served in classes for those with orthopedic handicaps represent less than 10% of those children with severe handicaps.

Federal funds are being sought to help Dixon expand the existing programs as well as initiating new ones. Among the programs that are being utilized for this purpose (on a city-wide basis) are:

1. Title VI-A of the Elementary and Secondary Education Act (ESEA) which provides grants to states to assist them in the initiation, expansion, and improvement of educational and related services for handicapped children at the preschool, elementary, and secondary level.

2. Title III, ESEA provides grants for supplementary educational centers and services where the existing facilities cannot fill the needs of the area.

3. In cooperation with the Potterville State Facility, funds are being requested under P.L. 89-313. This program provides grants to states to assist them in the education of handicapped children in state operated and supported schools for the handicapped.

The limited scale of funding for these programs greatly qualifies their utility in Dixon, however. Among the programs of a more generic applicability are those of Model Cities (restricted to the Model Cities Neighborhood) and OEO.

Vocational Education

The local adult vocational education and industrial training programs have trained thousands of skilled and semiskilled workers for local industry, contributing greatly to the quantity and quality of industrial workers available in Tiller County. These vocational programs also provide a constant source of new industrial workers each year.

Two vocational-technical schools are opened in 1961 in the Tiller County School District to give high school graduates and adults of the area the opportunity to raise the levels of their technical skill. This program is flexible; offering courses in trades and skills required by both existing demand and anticipated demand. The courses include air conditioning and refrigeration, drafting, electrical and machine shop, tool and die design, radio and television, electronics, masonry, and plumbing, as well as others.

Colleges

The State University has maintained a fully accredited center in the city since 1947, and a wide variety of college courses have been offered in night classes with the same credit as for courses taken on the main college campus. These services are now coordinated with Dixon College, a junior college and a member of the State University System. Plans are underway for expansion of Dixon College to a four-year college.

Professional Training

With the exception of training in nursing and medical technician fields, Dixon is dependent on the institutions in the state capitol and University for its health-related manpower. The state capital is a four-hour trip by car, while University City is six hours away.

There are two nursing schools in Dixon, each affiliated with one of the city's hospitals. The school of nursing in the Dixon Medical Center provides training within a three-year course for about 125 students. The graduating class numbers between 35 and 40 a year. The other nursing school is found in the Catholic Hospital. Approximately 55 students are currently enrolled in the three year course.

The other health related training courses in Dixon include a one-year course in fundamental nursing arts and patient care. Training for technicians for X-ray operation and other medical devices is also available at the Dixon Medical Center.

There are two medical schools in the state. The school in the state capitol enrolls about 300 students, while that of the State Medical School currently has 389 students. Through an agreement with hospitals throughout the state, many students of the State Medical School perform their internships and residences in various hospitals in the state. The Dixon Medical Center currently has filled positions for four general-practice residencies and 18 internships.

Similarly, there are schools of Dentistry at both the state capital and University City. While there are departments of psychology at both locations, the larger and more diversified department at University City includes departments of Educational Psychology and Family Development. A professional (two year graduate) program in Social Work is located in the state capitol which enrolls 100 students. The state's need for teachers and other school personnel is adequately served by eight colleges that grant degrees and state certificates. Three of these institutions have awarded an average of over 100 special education teaching certificates annually over the few years.

3. MEDICAL PERSONNEL

Physicians

In the Dixon Metropolitan Area, (Cities of Dixon and Fernville; and Tiller and Brussell Counties) there are more than 144 physicians whose income originates with sources other than Federal Government services and agencies. There are also 118 physicians on the Fort Battle medical staff. For an enumeration of the medical personnel in the Dixon Metropolitan Area, see pages 18-22 in Appendix A.

Considering the civilian physicians only, the ratio of physicians to citizens is less than half the national average. But the large military and military dependent population in the area is, except in emergency cases, cared for by military medical personnel. Even deducting the military and their dependents from the civilian population, however, leaves a remainder whose ratio is still less than the national average. This ratio is further imparied because a large number of civilian specialists are used at Fort Battle on a contractural basis, thus reducing the time they can give to their civilian patients.

Dentists

There are 47 civilian and 55 military dentists in the metropolitan area. There are also 12 dental technicians at Fort Battle, where all specialties in the dental field are covered.

Nurses

There are 475 registered nurses and 78 commissioned officers of the Army Nurse Corps (at Fort Battle) in the metropolitan area.

Mental Health Professionals in Private Practice

Mental health professionals in the Greater Dixon Metropolitan Area, who derive all or part of their income from private practice, are shown in Table 7.

The ratio of total practitioners per 100,000 population is below the national average for cities of comparable size, but substantially above the average for its own section of the United States. This is because of the number of part—time practitioners whose principal employment is at Potterville State Hospital and Tiller State University.

Fees for service vary considerably among professions and among individuals in the same profession, as shown in Table 8.

It is estimated by the Tiller County Mental Health Association that all private practitioners, combined, see 750 patients annually for an average of twelve visits per patient.

TABLE 7

MENTAL HEALTH PROFESSIONALS SERVING DIXON

		Dixon	Additional Within 10 Mile Radius (1)	Additional Within 25 Mile Radius (2)	Total of Individuals	Total F.T.E
Psychiatrists	Individuals	3.0	1	1	5	
	Full Time Equivalents	2.25	.25	.25		2.75
Psychologists	Individuals	3.0	4	1	8	
	Full Time Equivalents	.75	1.0	.10		1.85
Social Workers	Individuals	2.0	2	1	5	
	Full Time Equivalents	1.25	.30	.10		1.65
Totals					18	6.25

(1) Tiller State University.
(2) Fort Battle.

TABLE 8

FEES CHARGED PER TREATMENT HOUR

	From	To	Most Common
Psychiatrists	$15.00	$45.00	$25.00
Psychologists	15.00	25.00	20.00
Psychiatric Social Workers	10.00	20.00	15.00

4. MAJOR MEDICAL FACILITIES

Among the medical facilities in the Dixon area are several hospitals, nursing homes, a large state facility, and a network of clinics. The locations of these facilities are illustrated in Figure 3.

Table 9 lists the major hospitals in the Dixon area.

Dixon Medical Center

The Dixon Medical Center is city operated. It has 460 beds and 73 bassinets. Patients of all types (medical, surgical, pediatrics, obstetric, psychiatric, orthopedic, etc.) are admitted. Inpatient and outpatient services, emergency services, home care, and intern and residency training are offered. The center also has a social service department and a school of nursing. The professional standing of its staff and its excellent facilities have made it a regional center for such specialties as neurosurgery, highly specialized surgery, and rehabilitation services.

The administration of the medical center is carried out by an executive director and a board of managers to which the City of Dixon delegates certain authority. The board is headed by the mayor and made up of eight members who are appointed to staggered four-year terms by the City Commission. The executive director of the center is a physician who has had 13 years of experience in hospital administration. A budget of $3,460,000 has been approved for the current year. Charges are expected to earn $2,980,000; appropriations of $240,000 each by city and county will make up the deficit.

As in most hospitals, each department is operated by a chief of service who is responsible to the chief of the medical staff. The medical staff holds monthly clinicopathologic conferences and maintains the following active committees:

Credentials	Infection	Operating Room	Tissue
Disaster	Intern	Pharmacy	Utilization Review
Executive	Nursing Service	Records	

The general hospital unit has the 73 bassinets and 402 of the 460 beds. The beds are allocated as follows: medical and surgical uses, 236; obstetric use, 71; pediatric use, 64; and psychiatric purposes, 31. The convalescent unit has the remaining 58 beds, and accepts patients--either from the general unit or from outside sources--for long-term medical attention, for nursing, and for rehabilitation.

Patients who are convalescing from acute illnesses and patients who are ambulatory despite long-term illnesses are cared for through outpatient clinics: gyniatric, orthopedic, pediatric, dermiatric, psychiatric, urologic, neurologic, cardiac (adult and pediatric), dental,

FIGURE 3

LOCATION OF MEDICAL FACILITIES

CITY OF DIXON

CENSUS TRACTS-1960

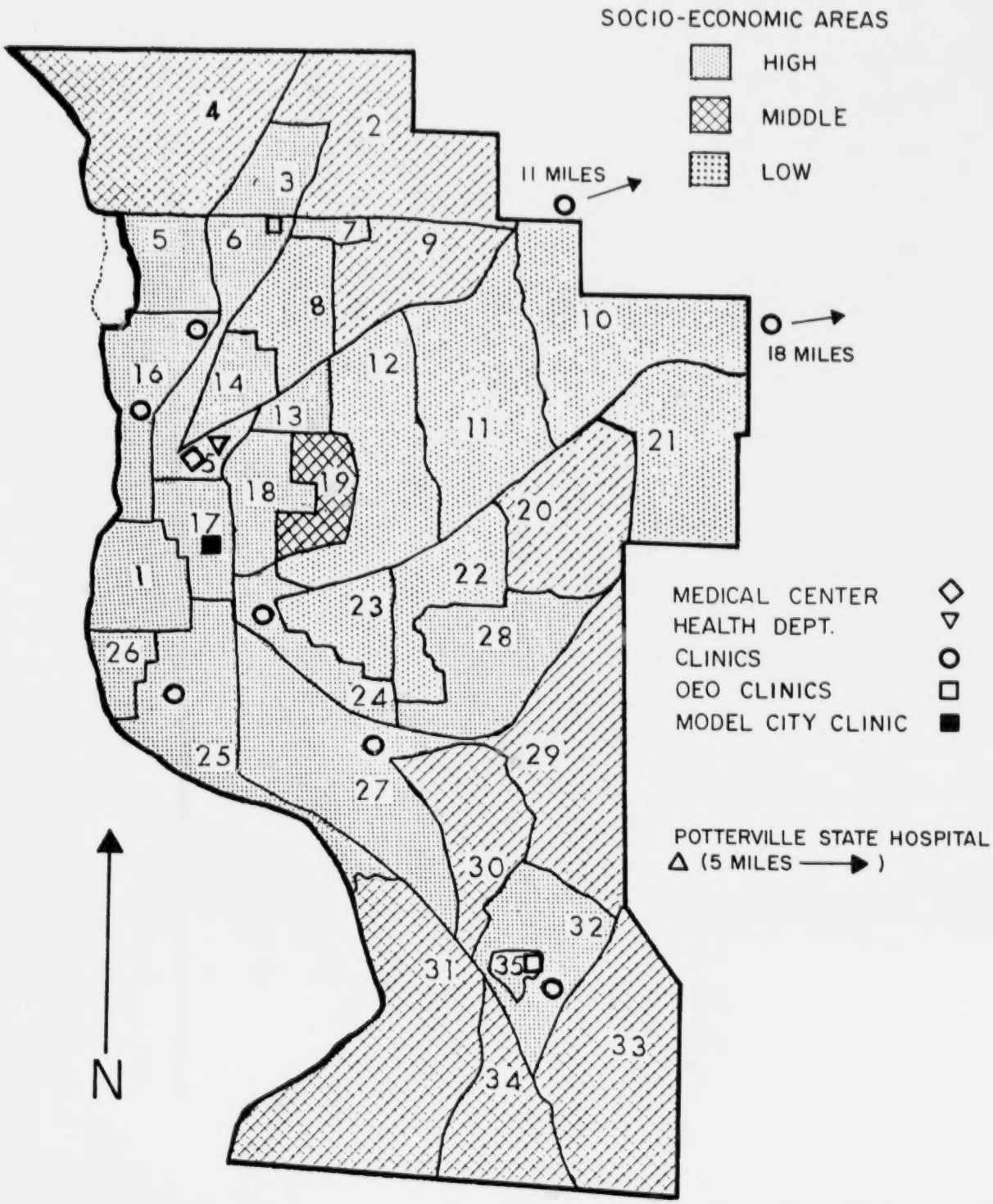


TABLE 9

HOSPITALS IN THE DIXON METROPOLITAN AREA

Name of Hospital	Type	Number of Beds	Staff*	
			Total	Medical**
Catholic	Private	150	340	84
Medical Center	Public	460	970	130
Barton Army (Fort Battle)		600	900	118
Fernville General (Adjoining State)	Private	184	332	93
Potterville (State) Hospital		1,100	577	77

*Actual figures, not authorized staff.
**Many physicians are on the staff of more than one hospital.

eye-ear-nose-and-throat, internal medicine and general surgery, cancer (adult and pediatrics), diabetic, crippled children, prenatal, postnatal, and well-baby. There are 12 well-equipped treatment rooms.

Admittance procedures for indigent patients are handled through the center's social service department which provides a card to admit applicants to any clinic. The cards are valid for one year, after which each case is reviewed. All clinics are coordinated with the activities of the Tiller County Health Department; close attention is given the preventive aspects of medical care.

Indigent patients (referred either by house staff or by private physicians) are treated, but they are investigated from a financial standpoint if their expenses (as are 25% of admissions) are to be defrayed by a welfare or a charitable agency.

Indigent, nonambulatory patients--who, though incapacitated by long-term or chronic illness, do not need the intense medical or nursing care that is available in a hospital or nursing home--are cared for through the center's home care program. This arrangement releases much needed hospital beds and reduces costs. Patients react well to the plan; some show marked improvement.

Catholic Hospital

This 145-bed hospital was opened in 1950; a convalescent wing containing 35 to 40 beds is to be added. The hospital is administered by members of a Roman Catholic order of nuns, all of whom have had formal, specialized training in colleges and hospitals. During the past year this institution has had 6,596 admissions (average stay, 8 days) and 5,942 emergency room cases. There is no outpatient service and no residency or intern program.

Fernville Hospital

Average stay in this 184-bed private hospital is 5 days per admission. The emergency room handled 10, 948 cases last year. There is no outpatient service but the hospital is approved for eight rotating internships. A 50-bed convalescent wing is under construction.

Barton Army Hospital

This modern, 600-bed hospital at Fort Battle has service facilities that can accommodate as many as 1,000 inpatients. It is a referral center for military personnel and their dependents in an 8-state army area. The staff of 900 includes 118 physicians. The departments are: general surgery, internal medicine, cardiology, pediatrics, dermatology, obstetrics and gynecology, urology, orthopedics, neurology, psychiatry, and clinical psychology. There are isolation facilities for communicable diseases. Some 35,000 outpatients are cared for each year in the hospital's monthly

specialty clinics. Dental facilities (not available to dependents) are manned by 48 dentists, of whom three are interns and one a board-certified prosthodontist. Dental internships and residencies are available, as are five 1-to-2-year residencies in surgery.

Nursing Homes

Within 25 miles of Dixon there are six nursing homes which accept mentally ill or retarded patients. The total capacity of these homes is 73. Typically, patients residing there have been hospitalized for many years in public facilities such as the state mental hospitals and schools for the retarded. They receive adequate nursing care and have access to medical services as needed. These homes are licensed by the State Department of Public Health and receive some support from the state in form of fees for the care of leave patients from state mental hospitals. This fee is $105 a month for mentally ill patients and $130 for the retarded.

Specialized Facilities

The Bradley Center

The Bradley Center is a private, non-profit corporation (located in the City of Dixon) which provides out-patient psychiatric treatment for adults and children, primarily upon referral by physicians, schools and social agencies. Treatment emphasis is on short-term psychotherapy with very few patients receiving more than 5 hours of treatment. Consequently, the clinic is able to handle a relatively large number of patients (1,100 during the past year) with a small staff of one psychiatrist, one social worker and a half-time clinical psychologist. Fees for treatment, which are set on ability to pay, provide one-fourth of the cost of operation. The remainder comes from the United Givers Fund and the Abner Bradley Foundation.

Potterville State Hospital

This state hospital is located approximately five miles outside Dixon, in what used to be a small village called Potterville. Built in 1865, the hospital still reflects some of the concepts in treatment which were prevalent at that time. Many of the buildings are antiquated and the hospital continues to provide much of its own food and clothing, despite the fact that cost of operating the farm and shops exceeds the value of the products. These services were economical as long as patients provided free labor, a condition which no longer exists because of a major reduction in patient population during the past 5 years. This reduction has resulted from improved staffing, more effective medications and an increase in the alternatives to hospitalization. Many of the ward buildings have been closed as population dropped from 3500 to 1100. Despite this reduction in resident population, admissions have increased by 500% during this same

period; from 300 a year in 1963 to 1500 in 1967. While not an ideal treatment setting, the hospital provides a range of services unavailable elsewhere except in expensive private facilities in the northern part of the state. The professional staff consists of five psychiatrists, six other physicians, six psychologists, ten social workers and 13 activities therapists. Thirty-seven registered nurses supervise 500 nursing aides, most of whom come from Dixon and the surrounding countryside. The annual budget of $3,600,000 provides the largest single payroll in Tiller County, not including the military stationed at Fort Battle.

Current plans for the hospital include establishing a 200 bed unit for the mentally retarded, using some of the vacant ward space. This would allow for the reduction in the waiting list for admission to the retarded school.

State School for the Deaf

Certain children between the ages of 6 and 21 years who have hearing deficiencies that prevent their being satisfactorily educated in the public schools are eligible to attend the State School for the Deaf. Character, conduct and habits must be such that applicants can be housed and taught with others; applicants must be residents of the state and be mentally and physically capable of becoming educated. Economic status is not relevant, but the facility has a waiting list that severely limits its use in the Dixon community.

The state provides room, board, laundry service, books, and instruction. Other expenses must be borne by parents or some other non-government source.

State Training School

The State Training School, located at the Potterville State Hospital 5 miles outside of Dixon, is operated by the State Department of Health. Applications for admission must come through local welfare departments. It offers training for indigent, mentally retarded children who are residents of the state and who are 6 to 18 years of age. Currently 900 children are served here with a waiting list of more than twice that number. About one-third of the children applied through the Tiller County Welfare Department. Although there are two other state training schools in other portions of the state, all of Tiller County's retarded and indigent children are referred to this institution at Potterville.

5. CLINIC OPERATION

In order to comprehend the operation of the various programs available in Tiller County for Children and their mothers, the arrangement of the county health and welfare departments much be understood. The services and programs offered by the Health Department are free to the residents of Tiller County, regardless of their financial circumstances. Those of the Welfare Department, however, are offered only to people of families with incomes below $3,300 per year. These people are the indigent as defined by the county. They are issued an identification card annually that allows them to participate in the Welfare Department Programs.

The Health Department operates six community clinics in Dixon, in addition to two clinics maintained in the rural areas of Tiller County. A large clinic, located in the Medical Center, is maintained by the Welfare Department. In addition, the Office of Economic Opportunity provides two clinics in areas of low income residents, and another clinic is provided by the model cities program in Dixon. An attempt is made to maintain a centralized record system. Last year, for example, the Medical Center referred 1,321 patients to the Health Department and the Health Department provided nursing personnel to make 1,546 home visits. (Reference to Figure 3 may aid in visualizing the clinic location.)

Neighborhood Health Department Clinics

The neighborhood health Department Clinics are located throughout the city (primarily in the lower-income and high-need areas) and serve all who come to these facilities for treatment. A full time (9-5 throughout the week) immunization program is conducted by a nurse and technician. In addition to providing shots, some screening tests are given (i.e. vision, tuberculosis skin test, diabetes, V. D.). A maternity clinic is held twice a week at each clinic. After a mother's first visit, appointments are required. This service, along with the remaining programs described, are staffed by a private physician who is hired on a part-time basis by the county to operate the clinic. In an analogous manner, dental clinics are operated once a week with care (as opposed to a checkup) provided to the indigent, and baby clinics are held bi-weekly for children up to school age.

OEO Clinics

The two OEO clinics have been set up (one in census tract 35 and the other in tract 5, as shown in Figure 2) in order to bring preventive health services to the residents of the low-income areas. Each clinic is staffed by a doctor, five nurses, ten health aides and several Community Aides who serve as volunteers. Like the other clinics in Tiller County, this facility is open from 9 to 5 on weekdays. The doctor performs physical examinations and in general does not treat patients unless immediate care is required. In general, he refers those he sees to the Welfare Clinic

or a Health Department Clinic. The nurses and health aides perform more routine examinations and services and in turn refer patients to the doctor as needed. The Community Aides are community-based volunteers who help in bringing the needy to the clinic, aid in allowing those with some sort of disability to come to the clinic (i.e., provide transportation or babysit), and serve as helpers in the clinic as needed. Last year, approximately 4,350 people were seen in the 32 and 35 census tracts (about 45% of the residents) and about 2,500 people were served in census tract 5.

Model Cities Clinic

The Model Cities Clinic facility is patterned after that of the OEO clinic. The Model Cities Program is described in Section 8.

Welfare Department Clinic

For those classified as indigent, medical services are provided by the Welfare Department Clinic in Dixon Medical Center. These people are referred to this clinic from the other clinics and care is taken to provide current medical records for these people to the Welfare Clinic.

While transportation is generally not provided to the Center, ambulance service and volunteer help are sometimes available.

6. HEALTH DEPARTMENT OPERATION

State Health Department

The State Board of Health appoints a State Health Officer who directs the operation of the State Health Department. The department has the following functions:

1. Regulating and assisting local health departments.
2. Providing local public health services where no local program exists.
3. Training local health personnel.
4. Researching matters of public health concern.
5. Overseeing licensing activities carried on by local health departments.
6. Administering the state mental health program. This is carried out by the Division of Mental Health Services and consists of:
    a. Supervises three hospitals for the mentally ill and three schools for the retarded.
    b. In conjunction with the University of Jefferson Medical School, operating the Neuropsychiatric Institute located in the capitol city. This institute conducts training programs for mental health professionals, carries on research and provides direct treatment services for persons who represent unusual cases.
    c. Administers federal funds for the construction and staffing of community mental health centers and facilities for the mentally retarded.
    d. Provides recruitment, training and public information services and community organization services for state and local mental health facilities.
    e. Operates a centralized extramural social work program for leave patients from the hopsitals and schools.

The State Health Department is the largest of the state departments and has an annual budget of $37,000,000 of which $27,000,000 is allocated to the Division of Mental Health Services. There are 4200 employees in the department, 75 of whom are employed in field facilities. The remainder are in headquarters in the capitol city. The federal funds available to the department totaled $11,000,000 in the last fiscal year. $7,000,000 of this was earmarked for the construction and staffing of six community mental health centers. Two of these centers are in operation, three are under construction and the sixth is in advance planning. An additional $1,000,000 in federal funds was allocated to training and research in the Neuropsychiatric Institute and in grant-in-aid assistance for community oriented educational and training activities.

Tiller County Health Department

History and Background

In 1939, the city commissioner and the county board of commissioners approved a plan (and budget) to combine the city and county health departments. In 1941, a special act of the state legislature made the Tiller County Health Department a legal, governmental, tax-supported agency.

Organization

The Health Department has ten divisions, each with a director. The divisions are as follows: Administration; Communicable Disease Control; Dental Health; Environmental Health; Health Education; Laboratory; Maternal, Child, and School Health; Mental Health; Public Health Nursing; and Tuberculosis Control. There is also a Child Development and Evaluation Project and a Crippled Children's Service, both operated by the state; the health department supports these activities by providing office space and utilities.

The $472,000 budget covers the work of 61 health professionals and 20 administrative personnel. (See Tables A-29 and A-30 of Appendix A for a listing of the Health Department personnel and budget.)

Communicable disease control is effected by this division, and investigations are conducted in cooperation with any division that might be concerned.

Venereal Disease Control

The state is divided into nine geographic districts for the control of venereal disease; Tiller County is the center for a 10-county district in which persons with venereal diseases are located, diagnosed, and treated. The state and the Communicable Disease Center supply guidance, consultation

and funds for venereal disease investigations; clerical staff, space, and other support are supplied by Tiller County. Close cooperation is maintained with the adjoining state, particularly with the Bussell-Key County Health Department.

Immunization

Periodic health index surveys[1] are made to determine the immunization status of the community. Monthly reports of immunization are prepared by private physicians and by the health department, and the immunization status of children entering first grade are checked every year. Special "round-up" clinics are held in areas where figures show that children are not being immunized. The health department holds a daily immunization clinic, and all adults who attend maternity clinics are urged to accept immunization. DPT, DT, smallpox, polio and rubella immunization by the health department supplements the immunization activities of private physicians.

Reportable Disease

Reportable diseases are reviewed by the commissioner or his assistant; investigation and control are arranged as needed. Specimens are collected also from groups of patients whose symptoms suggest their illnesses are of common origin. In unusual outbreaks, the service of the state epidemiologist is requested; he in turn has access to the Communicable Disease Center of the U. S. Public Health Service.

Dental Health Division

Dental clinics are held weekly at the health department and annually in all schools. Examinations are routine, but each child's chart is kept on file, and a copy is sent to parents. Limited dental work, including topical fluoride treatment, is available to the indigent. A program of dental education emphasizes the need for fluoridation of the local water supply. Table A-17 in the appendix details the dental visits of children in Tiller County for private care.

Environmental Health Division

The major mental health-related activities of the Environmental Health Division are inspecting nursing homes (with the Public Health Division) for compliance with state and local regulations, and cooperating with the city building official in inspecting and reporting on substandard dwellings. The State Health and Safety Code gives health officers the right to take action against "any public nuisance which endangers the health of the public," but in the past the department has not acted on its own in correcting substandard housing conditions.

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[1] "Health Interview Survey, Dixon, Tiller County." 300.007

Laboratory Division

The Laboratory Division, dividing its services about equally between private physicians and the other divisions of the department, assists in the diagnosis of disease. About 40,000 tests are made annually, the majority of syphilis, gonorrhea, tuberculosis, diphtheria, enteric pathogens, intestinal parasites, and rabies. Sanitation work is supported by tests, as is the milk and frozen dessert control program. Water from swimming pools, private wells, semi-private supplies, and other sources is tested.

Public Health Nursing Division

The Public Health Nursing Division is the largest in the health department, requiring about one-third of the total departmental budget. The staff currently consists of 32 budgeted positions: a chief, 24 public nurses (bachelor's degree required), four clinic nurses, a secretary, and two clerks.

The nursing division cooperates with the other divisions in many mental health related fields. It also works with private physicians, local hospitals, schools, institutions, and public and private agencies. Although services are applied to individuals, families and civic groups, their basic work is done through clinics, schools, and home visits.

Health Education Division

The staff of the Health Education Division work with all units in the department using pamphlets, posters, news releases, talks, and all news media to promote health programs including mental health. The staff tries to apportion resources about equally to all of the units in the department.

To the present, the primary activities of the division in community mental health education has consisted of radio spot announcements informing the public of the existence of the Child Guidance Clinic. In addition to this, various members of the staff have appeared as "experts" on radio and television public service programs. One of the health educators has provided consultation to the Tiller County Mental Health Association concerning the best methods for advertising a projected suicide prevention service that the association is contemplating. As time allows, consultation is provided to other agencies such as the school district where drug and alcoholic use is becoming a concern to school administrators. The budget of the Health Education Division currently totals $22,211.60.

Mental, Child, and School Health Division

The medical staff of this division is composed of public health nurses, residents, and interns from the medical center. The nurses make home visits, well-child clinics under a pediatrician are held, and maternity

clinics under an obstetrician are maintained through the cooperation of the Dixon Medical Center Medical services come from local pediatricians and obstetricians and from the medical center; nursing services from the health department. As a part of the clinic program, counseling is provided to parents on emotional or behavioral problems.

School Health Care

All school health services are provided by the Tiller County Health Department. Last year this included 150 visits by Public Health Nurses to check 350 children in the clinic (normally staffed by a nurses Aide). Vision and Hearing Screening Clinics were held, with most of the 1200+ students screened. About 8% of the children were found to have defects, and half of these were corrected. Dental clinics were also held, with 1/3 of the children inspected and 25% of these found to have dental defects.

Special counselors are also provided by the school department to aid in the development of the children. Because of the rather rigorous adherence to traditional teaching methods in these schools, identification and treatment of disorders is made more difficult. There are also instances where parental desire for a parochial education and the child's special problems cause a serious conflict in the individual's education. Parochial schools are generally not equipped, (in terms of flexibility in regular classes as well as the lack of special education classes), to educate those who are unable to benefit from the normal program.

Some of the functions of the public health information for parents, teachers, and children, assisting in health education, and assisting in maintaining the school health requirements.

Private Schools

The 1,200 plus students who attend the privately run (parochial) schools in Tiller County provide an additional challenge to the health department, for these schools do not have the resources to provide many of the ancillary services necessary for a proper education.

Family Planning and Maternal Care

The county offers family planning services to the entire community, and in the last five years has expanded its program to include offering pills and intra-uterine devices in addition to the traditional method of birth control.

Over 90% of the pregnancies of the lower-class mothers cared for through the Tiller County Health Department ante-partum program are unplanned or unwanted pregnancies. It is difficult to estimate what percentage of all

pregnancies in Tiller are unwanted or unplanned because of the large number of upper and middle class mothers who receive care from their private physicians.

The clinic averages approximately 100 new patients monthly. Education concerning the concept of family planning as a way of life is emphasized by the clinic staff. Special diagnostic services are provided by the Medical Center. It is estimated that 50% of the 1,582 mothers interviewed by the clinic nurses continued in the program for classes and/or contraceptive devices.

All mothers interviewed in the ante-partum clinic are given a class on child care and are visited shortly after delivery in the post-partum wards by a public health nurse. An appointment is then made for a six-week checkup. Birth control methods and community programs are described to the mothers at this time.

Last year, 406 indigent women received child-delivery services at the Medical Center under the ante-partum program. A total of 304 of these cases were given a post-partum medical examination with public health nurses making 846 field visits to check the mothers and 733 visits were made to clinics by mothers for checkups of their new-born children. While each case admitted to maternity service is visited at least once by a public health nurse, the responsibility for a child's health lies with the parent. Many of the indigent do not take the trouble to follow up the delivery and post-partum services.

Private facilities are responsible for the majority of maternity service provided. For the medically indigent, both ante-partum and post-partum services are available on a medical and/or nursing basis. Both the medical center and the community clinics operate home visits and medical service programs for the indigent. Of the 551 cases admitted to ante-partum service, over 70% received medical aid (e.g., services of a physician) out of the approximately 3,000 cases visited on a conference basis. On the basis of several studies done in Tiller County it was found about 30% of women delivered had received no prenatal care.

Child Care

The responsibility for providing health care to those below school age rests primarily on the private pediatrician. These doctors are generally charged with diagnosing and evaluating the various ills and developmental disorders that may occur. Those children that receive such medical care in public facilities are normally under 1 year old.

The indigent child between the ages of 1- and 5-years old often receives little or no attention during these important years of their development. The program limitations and the lack of motivation of poor mothers to seek help during this period in their child's life is the basis for several OEO and Social Security programs.

The care provided in Dixon is furnished in the Medical Center and in the neighborhood clinics. Unfortunately, those who can afford private pediatric attention are the only ones that receive comprehensive care. Last year in Dixon, about half of the 3200 children (about 15% of low income children) received any medical attention by one of the 22 pediatricians in the area. This attention consisted of about 2500 medical conferences, 3700 nursing conferences, and 4300 field visits by nursing personnel.

This care is performed in the weekly "baby" clinics of the health department clinics and the OEO and welfare department centers. It is available to children of preschool age who qualify financially for the service.

Before entering school in Tiller County, a complete physical examination is required. This includes standard immunizations for smallpox, measles, DPT, and poliomyelitis. Public clinic personnel perform this examination for the indigent.

Through referral from various sources, health department facilities are available for treatment and/or further referral to appropriate treatment centers. Again, the private pediatrician bears the major responsibility here. But the Development and Evaluation Project and the Crippled Childrens Clinic will accept referrals by anyone (initially) with the program, that follows requiring extensive medical documentation.

The most difficult step is the identification of those with a developmental disorder. Despite the vast amount of literature and news releases published, most people do not realize the problem at hand may be treated, let alone exist.

Crippled Children's Service

Limited funds make it impossible to offer treatment to every child who may need medical care and whose parents are unable to provide it. The Crippled Children's Service presently determines medical eligibility. Among the diagnostic categories treated are rare congenital anomalies, burns, heart conditions, epilepsy, hearing impairments, and conditions requiring treatment by a neurologist, orthopedist or plastic surgeon. Such services as examinations, hospital care, surgical care, Theropy as well as prosthetics and sensory aids are provided as required.

Certification by the State Office is for one appointment only. Final eligibility is made at the time of the clinic visit; financial eligibility is determined by the clinic staff and medical eligibility is made by the senior member of the medical staff or his designee.

Approximately 1,273 children are enrolled in the program of which 340 of these are children of Tiller County.

Some Problems in Providing Health Care

There are several deterrents to good maternity and child care. One problem is the expense and difficulty of transportation to distant centers. This problem is alleviated somewhat in Dixon by the location of six clinics in several of those areas in which transportation would be a handicap. For those dwelling outside of Dixon, there are two clinics in the rural area of Tiller County. But outside of Dixon, transportation must be provided by one's own means.

Even if a mother can qualify for help, she often finds it impossible to visit the center (be it nearby or at an inconvenient location) because her working hours conflict with those of the clinic or she cannot leave her other children unattended. The service that is provided is often very unsatisfactory to the patients.

The treatment is often impersonal, abrupt, hurried and generally not acceptable to many of the mothers who do manage to get to these clinics.

One of the crucial problems in providing any health service is overcoming the ignorance and unawareness of the public, particularly those in the lower socio-economic strata. The primary means of making available information is the school. Students are given leaflets describing various programs and are told of the importance of such programs, in order to help in allowing the news of the program to reach the parent. In addition, leaflets are prepared and distributed to the general public by both the Tiller County Health Department and the Mental Health Association as well as additional associations concerned with public health. Releases are sent to local newspapers describing available programs.

About 120,000 people in the county annually attend programs of one type or another presented by the Health Department. These programs inform the people of other available programs and teaches some general health and hygiene principles. The programs also include lectures to lay groups, professional groups, and over 1,000 visual-aid programs presented to school and other groups. In addition, study groups and/or classes were held to promote health awareness in the community.

Several other problems also occur in diagnosing and caring for those with developmental disorders. Pediatricians often do not recognize or evaluate children's disorders properly. Slowness in performing certain routine tasks are ignored or played down by the doctor in order not to upset parents. Even when properly diagnosed, the child must run the gauntlet of parents who refuse to accept the doctor's analysis and the often very high cost of private facilities that are recommended for treatment. Pediatricians are often ignorant of the public facilities available or do not use them.

The communication and coordination problem extends to even the Health Department of Tiller County, for although several staff members in the department are rather well informed in this area there are those who are not aware of the alternatives open, or have misinformed concerned parents.

It must be reiterated that the programs mentioned herein do not function as neatly as they are described. Because of various origins of funds (Federal, State, and local levels). Administration of the programs is often difficult, and sometimes causes great delays in the delivery of treatment.

Although students receive annual checkups for hearing, vision, and dental condition, it is feared that many such defects are not corrected even when they are caught in the checkup. On a national basis, over 10 million children are suffering from visual defects and over 1.5 million children having hearing defects. The school attempts to inform the parents of the children that have defects, with some sort of note that is meant to be forwarded from the child. However, the information often does not make the intended journey.

Mental Health Division

The full time staff of this Division consists of a chief, a psychiatrist, one clinical psychologist, one psychiatric nurse, two social workers (one has an M.S.W. degree), three psychiatric aides, and one secretary. In addition, services of psychologists and psychologists and psychiatrists are provided by the medical center.

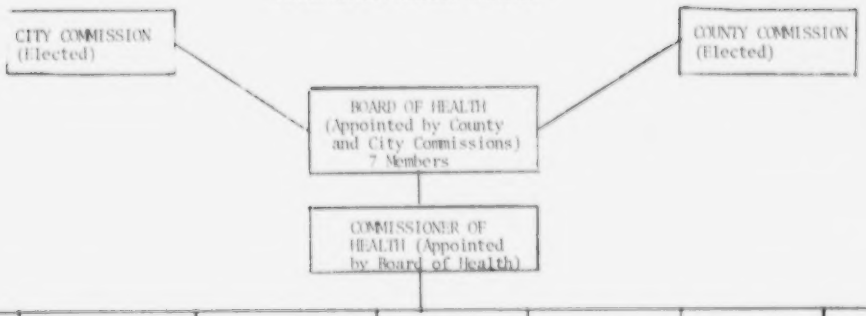
Figure 4 outlines the mental health related services provided in Tiller County. The estimated prevalence of mentally retarded children is noted in the Appendix in Tables A-11 and A-12.

Child Guidance Clinic

The Child Guidance Clinic is the major service offered by the Mental Health Division. Psychotherapy is provided for children through age 15, with concurrent counseling for their parents. Home visits are provided, when appropriate, by public health nurses from the Public Health Nursing Division. This division also makes adoption studies, provides psychological testing to the Cerebral Palsy Center, (a voluntary agency), and the Dixon Medical Center School of Nursing, and provides consultation to other agencies, as time allows. The active caseload is about 500.

FIGURE 4

TILLER COUNTY HEALTH DEPARTMENT
MENTAL HEALTH RELATED SERVICES


CITY COMMISSION (Elected)
COUNTY COMMISSION (Elected)
BOARD OF HEALTH (Appointed by County and City Commissions) 7 Members
COMMISSIONER OF HEALTH (Appointed by Board of Health)

ENVIRONMENTAL HEALTH DIVISION (Sanitarians)	HEALTH EDUCATION DIVISION (3 Health Educators)	MATERNAL AND CHILD HEALTH DIVISION (Staff loaned by Dixon Medical Center)	MENTAL HEALTH DIVISION (Staff of 8)	PUBLIC HEALTH NURSING DIVISION (24 Nurses)	CHILD DEVELOPMENT AND EVALUATION PROJECT (Staff of 4)*	CRIPPLED CHILDREN'S SERVICE (State Program).
Inspects and reports on substandard housing (with City Building Official). Inspects nursing homes including those in which mentally ill & mentally retarded may reside for conformance to state standards for sanitation	Uses pamphlets, news media, educational institutions to inform and educated public about health hazards and proper health care. Apportion of staff time is devoted to mental health areas for which depart- has a responsibility. Has a general responsibility for community organization activities.	Conducts well-child clinics. Does counseling on child raising problems on a "when requested or when referred" basis. Works in cooperation with local pediatricians and obstetricians.	Main service is a child-guidance clinic which provides psychotherapy for troubled children under 15 years. Active caseload is about 500. Provides family counseling by social workers (2) and public health nurses. Consults with physicians, probation officers, etc.	Provides home visiting service for other divisions. Provides counseling to families with health problems, including mental health. On request of physician visits released. Inspects nursing homes for quality of nursing care.	Pilot project to study and develop services for severly retarded, preschool children. Primarily provides diagnosis, referral and family counseling. * 1 full time 3 part time	Pays for services to correct disabling conditions of children (under 16). Mental health related services include, counseling on emotional problems accompanying physical disability.

Summer programs are provided by the reaction department in conjunction with the Tiller County Mental Health Association. A day camp is held for 8 weeks for those who are moderately and mildly retarded with a program that includes sewing, arts and crafts, music training, and games.

A teen club meets weekly throughout the school year to offer the mildly retarded a program of social activities.

Mental Disorders (Development and Evaluation Project)

The Development and Evaluation Project is a special project funded by the Department of Health, Education, and Welfare. When the grant expires next year, the county health department will be responsible for financing this service.

The staff of the project consists of the director, who is a psychologist, a public health nurse, a social worker and a clerk-stenographer. At the present time, none of the staff is budgeted solely from the project but are loaned on a part-time basis by other units with the department with reimbursement coming from project funds. This project is also receiving funds from the Model Cities Program in an effort to aid the model cities' neighborhood.

This project serves children of preschool age who have an initial diagnosis of mental retardation or brain damage. The service includes:

1. Intake appointment at which both parents are seen by the social worker. The child is observed by the public health nurse.

2. Psychological examination of the child.

3. Pediatric examination.

4. Further tests, if necessary.

5. Staff review of the case follows with a recommendation of treatment discussed with the parents. The average span between initial interview and interpretative interview is 6 weeks.

Some other services include:

1. Follow up to interpretative interview by social worker.

2. Limited parent counseling and child play therapy.

3. Re-testing and evaluation.

State Rehabilitation Department

The State Department of Rehabilitation, formerly a division of the State Department of Education, was created (in 1963) principally to provide for major program growth in the area of chronic unemployment due to mental illiness and retardation. Its director is appointed by the Governor and serves at his pleasure.

At present, the rehabilitation program consists of services to be blind, the deaf, the industrially handicapped, crippled children, and to mentally ill and retarded adults. These services are provided through six regional offices, the school for the blind and deaf, and a physical rehabilitation center. Funding for these programs comes from state and federal sources on a ratio of approximately one to three. There are 353 employees in the department, most of whom are located in the field. The annual budget is $6,542,000, of which approximately 47% goes to the operation of the schools and rehabilitation center. The remainder is used for salaries of employees in headquarters and the regional offices, case services, prosthetic devices, trainers, and medical services. Approximately 15% of the total budget is used for programs for the mentally ill and retarded. Two of the state hospitals (including Potterville) and one of the schools for the retarded have sheltered workshops funded by the Department of Rehabilitation. Within the next two years it is planned that all hopsitals and schools will have similar programs. This state supported program is carried out in Tiller County by the Office of Vocational Rehabilitation.

7. SERVICES FOR THE ECONOMICALLY DISADVANTAGED

Tiller County Department of Public Welfare

The Public Welfare Department has four divisions: Child Welfare, Public Assistance, Specialized Services, and Psychological Services. It offers relief of a general nature to people who are incapacitated but who are ineligible for aid under the public assistance categories--Old Age Assistance, Aid to the Blind, and Aid to Families with Dependent Children. It offers guidance and supervision for children in need of protective services (in their own or in foster homes), and it is required by the law to investigate and make recommendations to the courts in matters of adoption. Intensive casework service is also available when children are involved.

The other services rendered by this agency are usually, but not limited to, investigative work for social agencies outside Tiller County, and certification for cancer treatment in state aid clinics, pauper's burial in city-county maintained facilities, and admission to the Tiller County Nursing Home.

Legal residence (for one year) is required to establish basic eligibility for all agency services except aid to dependent children. There are also restrictions based on income and on degree of need as defined in the state standard budget for public assistance categories.

These restrictions are basically that a family earning less than $3,300 annually is eligible for welfare assistance in the form of medical care at the Medical Center. They are issued an identification card annually and are encouraged to use the available facilities for preventative as well as correctional care.

It has been noted, however, that those with annual incomes between the proverty level and $6,000 (about 40% of the families in Tiller County) are not able to afford medical services and are not eligible for welfare assistance, and are thus left without care.

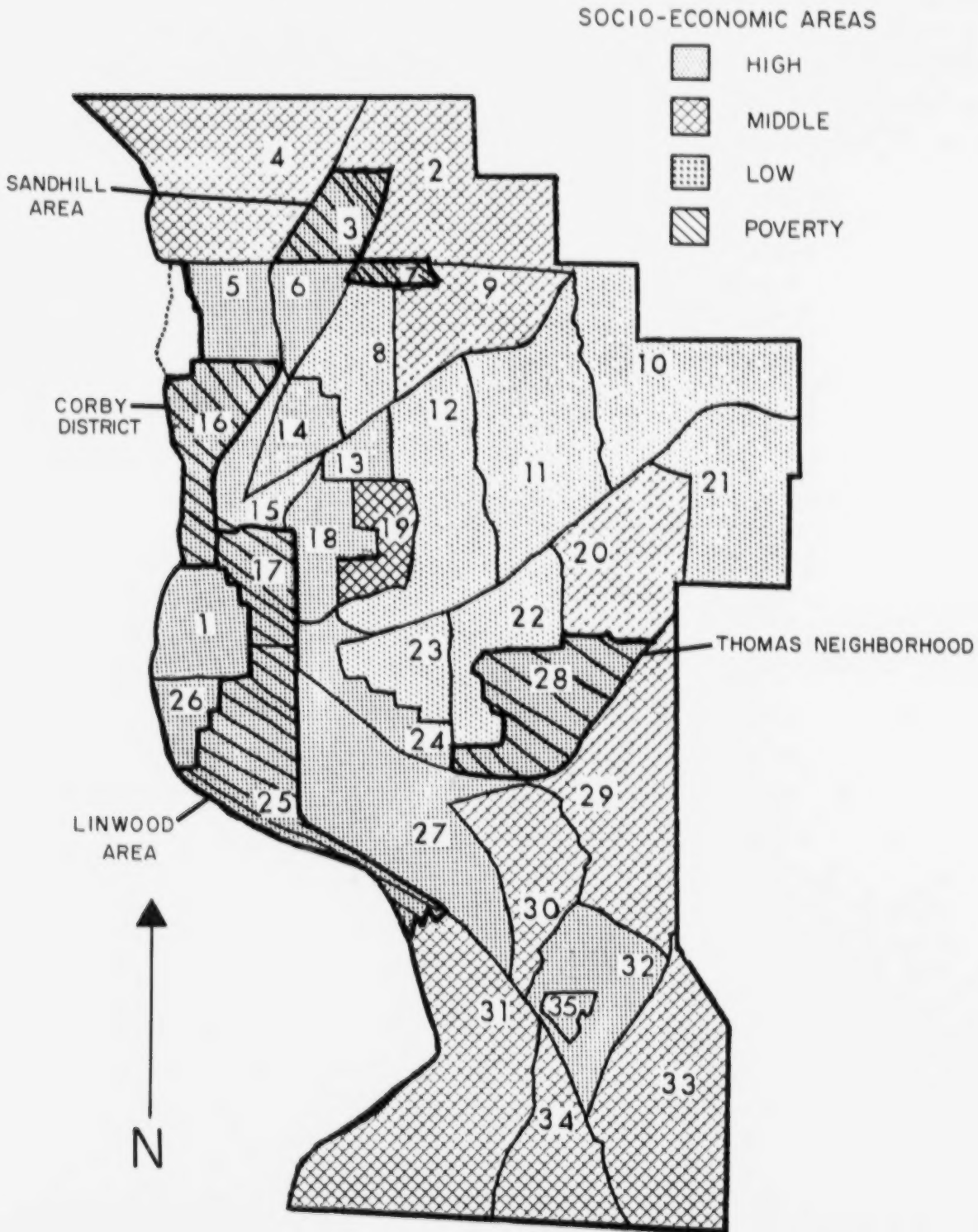
Model Cities Program

Dixon is fortunate enough to be one of the 147 cities included in the Model Cities Demonstration program. The model neighborhood consists of the Corby and Linwood Neighborhoods (see Figure 5) which form a belt around the old, central section of the city. While the neighborhood share low socio-economic status, there is a distinct difference in racial composition between the two neighborhoods. Corby is predominately white, while Linwood is a primarily black area. Although this does not, at first glance, indicate the cohesive neighborhood required by HUD for a model cities program, the similarities of their conditions as well as the local political situation required this combination.

FIGURE 5

CITY OF DIXON

CENSUS TRACTS-1960



In view of the success of this program in its first action year, there is every indication that the somewhat novel neighborhood specification has not interferred with the projects undertaken. The City Demonstration Agency (CDA) which is responsible for planning and implementing the many projects sponsored by the model cities program in Dixon, is headed by a former Assistant City Attorney in Dixon who understands the problems of the area yet is well attuned to the political winds of the city.

The program description in this section will be concerned with the health projects. It should be pointed out that all project areas are flexible in terms of introducing new programs and approaches. There is a one year planning period required for each action year. During the planning period, current programs are evaluated and new projects are conceived. As previously indicated, Dixon is presently in its second action year.

Health Related Model Cities Programs

Clinic

The major Model City health project is the operation of a neighborhood clinic in the northern section of the Linwood area (the central section of Census Tract 16). Its facilities and operation are based on the clinics operated by OEO and may in fact be simply viewed as another OEO facility, with the potentially important characteristic of being more flexible in responding to changing demands needs of the neighborhood residents. (See the discussion of OEO Programs for a discussion of the clinic operation.)

Health Education

In an effort to make the community more aware of the possibilities available to them as well as enabling them to improve their level of health through improving sanitary conditions and being aware of the aid available to them, evening classes are being held in various neighborhood schools. The areas of instruction include hygiene, child care, nutrition, and rodent control. Approximately 2,500 residents have attended these evening courses. The Planned Parenthood program (operated by the Dixon Health Department) has expanded its facilities by establishing a branch office in the Corby neighborhood and offers classes as part of the above series.

Day Care

Day care facilities have been established in several neighborhoods. In addition to volunteer workers, there are several Model Neighborhood residents who are employed to run the three centers.

Diagnostic Program

In cooperation with the Dixon Departments of Health and Education, the Diagnostic Center has been expanded in an effort to serve children referred from the elementary schools for evaluation and diagnosis of possible special

problems. The teachers have been made aware of the channels now available to their students and seem to use the service freely in the first year of operation.

OEO Programs

OEO sponsored programs have been initiated in such areas as Comprehensive Health Services, Family Planning, and Headstart. The health services program is the largest one encompassing the operation of two neighborhood clinics and the indigenous mental health aides program. The clinic operation is discussed in Section 6 of this report.

Mental Aides Program for the Indigenous

Operating under a grant from the Office of Economic Opportunity, the local chapter of NAACP has established a program of assistance to residents in minority group areas who are faced with emotional crises. This program uses people from minority groups, carefully selected and trained, to provide home visiting services to provide home visiting services to distressed individuals who are unaware or suspicious of services available in the community. These workers, called Mental Health Aides, operate out of neighborhood centers and act as links between the individual and appropriate services such as social welfare, the Bradley Center, the County Health Department, the Family Services Association, and the rehabilitation office. In addition, they provide counseling, arrange for baby sitters, assist in managing financial resources, find jobs, talk to law enforcement officers, and in general help to smooth over difficulties the individual may be having with the "establishment." This has been a highly successful program; to a great degree because of the entree the aides have with clients.

Family Planning

Family planning assistance money has been used to expand the Dixon Health Department family planning services in such a way that residents of the Thomas area (census tract 28) will be reached by the city program.

Head Start

The Headstart Program is intended to be a comprehensive program for pre-school children that will enable children from a deprived neighborhood do enter public school on equal terms with his/her more fortunate classmates. Children (generally ages 3-5) are cared for during the day at the OEO Headstart Center, located approximately in the center of the Thomas neighborhood. This care includes a hot lunch, a full day of educational-recreational activities, and medical and dental checkups with limited follow up care. Due to the limited budget of the program, only 80 children can participate. These children are selected on the basis of need.

In addition to aiding the children, Headstart encourages the participation of parents in the program. This includes instruction in hygiene, nutrition and social services available in the community. The staff of the center is, recruited from the neighborhood and trained.

8. NON-GOVERNMENTAL AGENCIES

Professional Groups

The medical society maintains a roster of physicians who have volunteered to provide emergency care for residents of nursing homes and for the chronologically ill in their own homes. With the medical center, the society co-sponsors seminars and symposia for the staff members of the four local hospitals. It also provides delegates (the director of the medical center is among them) to a quarterly, regional "Medical Needs Committee" meeting. This committee is composed of representatives from hospitals, public health agencies, medical schools, and voluntary health associations from three states. Its purpose is to discuss and promote coordination of approaches to area-wide health problems.

Mental Health Committee, Tiller County Medical Association

The Tiller County Medical Association includes in its organizational structure a three-man committee concerned with the practice of psychiatry specifically and with mental health issues in general. The committee's functions include the monitoring of medical ethics among psychiatrists in the county, studying state and federal legislation and recommending appropriate action by the association and educating other physicians to understand the emotional components of physical illness. The committee administers a grant from the National Institute of Mental Health to train private physicians to utilize psychiatric knowledge in their practice. While some results have been obtained through this training, particularly in the area of medication, physicians have generally been reluctant to accept psychiatric theory and methods. Historically, the association has supported the private practice of psychiatry and has assumed a conservative attitude toward the development of public facilities.

Tiller County Psychotherapy Association

The Psychotherapy Association was formed in 1965 by a group of mental professionals to provide continuing training for themselves and other interested practitioners. Its membership now includes most of the psychiatrists, psychologists and psychiatric social workers within traveling distance of Dixon. Seminars and other types of training sessions are held monthly at Tiller State University. These seminars are partially supported by a grant from the National Institute of Mental Health. The remainder of the cost is borne by fees paid by those who attend the seminars.

Dental Society

The State Dental Society has four districts: northern, southern, eastern, and western. Tiller County is in the western district; Dixon is the scene of the western district quarterly and annual meetings. At these gatherings

several resolutions supporting fluoridation of the Dixon water supply have been passed. The society, also supports, through consultation and guidance, the county health department's school and crippled children's dental care program.

There is a local study group of 57 Tiller County dentists, which includes retired and military practitioners, that meets monthly to hear presentations from members and invited speakers. Members contribute a nominal sum for expenses.

Voluntary Associations

Various types of voluntary assistance is provided by several groups in the community, such as the following:

Tiller County Community Health and Welfare Council

After a number of years of very casual existence (as a luncheon meeting for staff members from a number of health and welfare agencies in the city) the Council was formally organized 2 years ago; to meet growing needs for coordination among agency programs and to provide a convenient means for communication about community problems. Any organization which qualifies as a "health or welfare agency" can become a member of the Council and can send representatives to the monthly meetings. A Board of Directors is elected annually by the membership and the Board, in turn, elects one of its members as chairman.

As one of its first actions, 2 years ago, the Council compiled a booklet describing the services provided by social agencies in the county. It has been used a great deal. In fact, there is now considerable agitation for an up-to-date version and, in addition, for setting up a full-fledged clearing house for information on persons seeking help from any member agency so as to identify "problem families."

Although potentially of great influence in the community, the Council has not yet had much impact on the activities of any of its member agencies, nor on the development of new programs to meet community needs. The Council has indicated that "in principle" it supports comprehensive mental health planning. Some of its more vociferous members are even stating that the Council is the most appropriate group to be designated as the "Mental Health Planning Agency" for the Tiller County region.

Tiller County Association for Retarded Children

The Tiller County Association for Retarded Children is affiliated with the National Association for Retarded Children. Both the state and national organizations try to be supportive of the local unit, but staff at all levels acknowledge that problems of communication, coordination and financing exist and have been troublesome.

The purpose of this agency is to provide for an integrated community program to meet the needs of the mentally retarded and their families; to provide an information service to citizens and community organizations; to encourage and stimulate government agencies and professional groups to meet the needs of the mentally retarded; to provide support for research activities; to develop and advocate legislation when necessary, and to work with other agencies to provide special services to the mentally retarded.

At the present time the association (Tiller County) has three full time, paid, staff assisted by five volunteers who work for the staff on a regular basis doing whatever seems to need doing at the time. The associations membership is primarily upper and upper middle class.

Financial support for the association comes from funds raised in an annual fund drive, from bequests, from a limited number of individual donations from corporations, and other organizations.

The association is operating a long term sheltered workshop for 30 clients and two day-care classes for 25 severely retarded children. In addition, consideration is now being given for initiating a preschool class for seriously retarded and multihandicapped youngsters.

Other association's activities are: (1) an information referral service which provides guidance for people who need help but are not sure where to get it, and (2) the operation of a "Bell-Ringer" shop where used articles are sold with the money going to provide extra services for patients at Potterville State Hospital. In addition, suicide prevention, comprehensive health planning, services for adults with special problems (alcoholism, for example) are of current concern to the association.

Family Service Bureau

Family Service Bureau receives its primary support from the United Givers' Fund, and provides counseling and other casework services to individuals and families with social or emotional problems. Temporary financial assistance is occasionally given, but ordinarily the goal is to help families become financially independent. Fees for service are collected on an ability to pay basis. At the present time, 70% of the Bureau's clients pay $2.00 or more per visit.

The Bureau staff consists of two full time social workers and one part time psychologist. The current caseload ranges from 80 to 120 cases active at any one time, most clients being seen on a once-a-week basis. A waiting time of approximately four weeks exists at the present time before a new client can be seen on a regular basis. An initial intake interview with one of the social workers can usually be scheduled within one week after the first contact is made.

Dixon Jaycees

In Dixon, there is an active Jaycee chapter. Of most interest to the mental health delivery services system, is the chapter's Mental Health and Mental Retardation Committee (MH and MR) which is under the guidance of a young man of action. MH and MR is one of the active national programs of the Jaycees, and has this purpose:

> To help improve and create new facilities for the mentally ill and the mentally retarded, and to improve in every way possible the environment, both physical and attitudinal, for these people in today's society.

The Dixon Jaycees are very much a part of community mental health efforts. Honey Sunday (a Sunday each year in which the Jaycees sell honey to raise money for their projects) has resulted in a number of monetary assists for mental health; funds have gone to certain activities at both Potterville State Hospital and the Dixon Medical Center.

However, the MH and MR Chairman is not content with only participation in fund raising projects. He wants his committee to be active--to have a real part--in comprehensive mental health planning for the greater Dixon metropolitan area. The Dixon Jaycees president is supportive of this effort, as is the chapter in general. A plan for such participation is being prepared.

United Cerebral Palsy

The Dixon branch of United Cerebral Palsy was established in 1954. The purposes of the organization include: the promotion of research on cerebral palsy, aiding in the training of professionals, treating, educating, and habilitating persons with cerebral palsy. Funding comes from the United Fund of Dixon.

The major segment of the Dixon program is service oriented. They support a vocational rehabilitation program carried out in the Dixon Medical Center on a small scale, and serve on a volunteer basis in providing care and supervision in both the hospital and the home.

American Red Cross

The American Red Cross is supported by gifts received as a result of its fund-raising activities. Disaster victims may apply to it for aid, and it is also a source of help to servicemen, veterans, and the families of both. In addition to its well-known function of maintaining a blood bank (in Dixon)

the Tiller County chapter conducts classes in nutrition, home nursing, mother and baby care, and water safety. It recruits, selects, trains, and provides general supervision for the volunteers who make up its "friendly visitor service."

Red Cross volunteers who have been trained in caring for the mentally retarded are employed at the Growth and Development Center. Their efforts provide some of the ancillary manpower necessary to maintain the clinic. (See "Mental Disorders" page 37.)

Kiwanis Club

This civic organization has four "nutrition" stations in Dixon. These stations, under the direction of volunteer workers, prepare and serve a noon meal to children whose families are destitute. The Kiwanis also support the county welfare department's "Meals on Wheels" program. Under this program, people whose age or physical handicaps prevent their preparing their own food are given two hot meals each day. The Kiwanis also provide funds toward the purchase of hearing aids for children whose families cannot afford these appliances.

Lions Club

This organization has a fund for the examination and treatment, including purchase, of children's eyeglasses. Individual requests and referrals from private physicians, the health department, and other agencies are passed on to the public welfare department which determines whether the individual in question is eligible for assistance. Payment is made directly to practitioners and suppliers.

Planned Parenthood Association

This private non-profit association is supported by the United Givers Fund and fees paid by those who can afford them. In addition to providing counseling services on any family planning, this agency maintains offices at each of the local health clinics. Walk-in counseling services on any family problem are offered and referral to the appropriate agency follows if required with evening hours arranged by appointment.

Tiller County Women's Club

This organization provides volunteers for the vision and hearing screening program of the elementary schools. They also provide volunteers for programs that require untrained but intelligent personnel.

APPENDIX A

A-1

POPULATION (1968)

BY SOCIO-ECONOMIC CLASS

	Male	Female	Total	High	Middle	Low	Rural
Under 5	12,682	12,389	25,071	2,928	6,188	11,204	4,751
Under 6	14,976	14,745	29,721	3,454	7,308	13,246	5,713
6-16	18,964	18,912	37,876	4,390	9,307	16,876	7,303
%(approx)				11.5	24.5	44.7	19.3
Total (All Ages)	91,658	93,342	185,000	21,300	45,400	82,800	35,500

A-2

FAMILY INCOME (1968)

	White	Black	Total	
Under$3,300	4,154 (11.6%)	2,253 (24.1%)	6,407	(14.2%)
Over 3,300	31,655 (88.4%)	7,094 (75.0%)	38,749	(85.8%)
Median	$8,147	$4,974	$7,322	

A-3

FAMILY INCOME IN 1959 (TILLER COUNTY)

	Total	Dixon	Balance
All Families	38,727	30,054	8,673
Under $1,000	2,186	1,869	317
1,000 to 1,999	3,535	3,151	384
2,000 to 2,999	4,997	4,288	709
3,000 to 3,999	5,798	4,568	1,230
4,000 to 5,999	5,792	4,315	1,477
5,000 to 5,999	4,357	3,159	1,198
6,000 to 6,999	3,432	2,306	1,126
7,000 to 7,999	2,521	1,744	777
8,000 to 8,999	1,720	1,238	482
9,000 to 9,999	1,170	819	351
10,000 to 14,999	2,133	1,644	489
15,000 to 24,999	681	589	92
25,000 & over	405	364	41
Median Income			
Families	$4,492	4,267	5,183
Families & Unrel. Indivls.	3,711	3,815	3,447

A-4

BIRTH AND BIRTH RELATED STATISTICS

Births (1969) By Socio-Economic Class

	High	Middle	Low	Total
Live Births	433	1,202	2,206	3,841
Infant Deaths	5	20	70	95
Rate (per 1,000)	11.5	16.6	31.7	24.7

A-5 Birth and Birth Related Statistics, Tiller County, By Race 1968

			No.	Rate
(1)	Live Births (a)	T	4,338	23.4
		W	3,236	23.5
		OR	1,102	23.3
(2)	Immature Births (c)	T	451	103.9
		W	295	92.2
		OR	156	141.6
(3)	Live Births to Unwed Mothers (c)	T	392	90.4
		W	122	37.7
		OR	270	245.1
(4)	Delivered in Hospital (e)	T	4,312	99.4
		W	3,229	99.8
		OR	1,082	98.3
(5)	Delivered Home by Physician (e)	T	22	0.5
		W	6	0.2
		OR	16	1.5
(6)	Delivered Home by Midwife (e)	T	2	0.1
		W	0	0.0
		OR	2	0.2
(7)	Other Deliveries (e)	T	2	0.1
		W	1	0.0
		OR	1	0.1
(8)	Fetal Deaths Total (c)	T	91	21.0
		W	57	17.6
		OR	34	30.9
(9)	Fetal Deaths Under 20 Wks. Gestation (c)	T	15	3.0
		W	9	2.9
		OR	4	3.6
(10)	Fetal Deaths 20-27 Wks. Gestation (c)	T	23	5.3
		W	11	3.4
		OR	12	10.9
(11)	Fetal Deaths 28 Wks. or More (c)	T	54	12.4
		W	36	8.3
		OR	18	16.3
(12)	Fetal Deaths Unknown Length Gestation (c)	T	1	0.2
		W	0	0.0
		OR	1	0.9

A-5

BIRTH AND DEATH RELATED STATISTICS

Tiller County, by Race

1968

			No.	Rate
(13)	Maternal Deaths (d)	T	0	0.0
		W	0	0.0
		OR	0	0.0
(14)	Infant Mortality (Deaths < 1 yr.) (c)	T	95	24.7
		W	71	25.0
		OR	24	21.8
(15)	Neonatal Mortality (Deaths < 28 days) (c)	T	81	18.7
		W	64	19.8
		OR	17	15.4
(16)	Deaths from Immaturity (c)	T	22	5.0
		W	18	5.5
		OR	4	3.4
(17)	Deaths from Infection of Newborn (b)	T	5	2.7
		W	1	0.7
		OR	4	8.5
(18)	Deaths from Congenital Malformations (b)	T	16	8.6
		W	15	10.9
		OR	1	2.1
(19)	Deaths from Birth Inj., Postnatal Asphyxia & Atelectasis	T	25	13.5
		W	21	15.2
		OR	4	8.5
(20)	Deaths from Other Dis. Pecul. to Early Infan. & Immaturity Unqual. (b)	T	39	21.1
		W	29	21.1
		OR	10	21.2

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[a] per 1,000 population

[b] per 100,000 population

[c] per 1,000 live births

[d] per 10,000 live births

[e] percent of total births

INCIDENCE OF MEASLES, WHOOPING COUGH, SCARLET FEVER, AND DIARRHEA
(PROPORTIONS)

Age Group	Dixion High	Dixion Middle	Dixion Low	Rural
Measles				
6 mos-4 yrs.	17.0	28.6	41.7	24.7
5-9	62.4	76.3	81.5	79.6
10-14	81.3	86.5	93.8	88.4
Total	56.9	63.0	71.6	65.8
Whooping Cough				
6 mos.-4 yrs.	0.0	1.0	10.4	9.0
5-9	.9	2.1	18.5	13.0
10-14	1.6	3.4	37.2	22.1
Total	.9	2.1	22.2	14.7
Scarlet Fever				
6 mos.-4 yrs.	2.1	2.0	2.6	1.1
5-9	2.6	4.1	2.2	2.8
10-14	4.7	4.5	5.3	3.2
Total	3.2	3.5	3.4	2.4
Diarrhea (Reported Episodes)				
6 mos.-4 yrs.	8.5	7.1	19.1	14.6
5-9	2.6	6.2	13.0	7.4
10-14	3.9	3.4	12.4	7.4
Total	5.0	5.6	14.8	9.8

INCIDENCE RATES FOR VARIOUS RESPIRATORY DISEASES (AGES 0-5)

	Male		Female		Total	
	#	Rate/ Ino	#	Rate	#	Rate
Est. Prev. of Asthma-Hay Fever	275	21.7	172	13.9	447	17.8
Chronic Bronchitis	247	19.5	197	15.9	444	17.7
Other Chronic Respiratory Dis.	164	12.9	155	12.5	319	12.7

A-8

ESTIMATED PREVALENCE OF SELECTED NEUROLOGICAL DISORDERS,
RATES PER 100,000 POPULATION, TILLER COUNTY, LAST CALENDAR YEAR

	Condition	Number	Rate
1.	Amyotrophic Lateral Sclerosis	20	10.9
2.	Brain Tumor	130	71.0
3.	Cerebrovascular Disease	1,290	704.9
4.	Demyelinating Disorders Other Than Multiple Sclerosis	260	142.1
5.	Epilepsy	1,140	623.0
6.	Multiple Sclerosis	135	73.8
7.	Muscular and Myotonic Dystrophy and Myotonia Congenita	50	27.3
8.	Muscular Dystrophy	115	62.8
9.	Myesthenia Gravis	50	27.3
10.	Neuromuscular Dystrophy	10	5.5
11.	Parkinson's Disease	900	491.8

A-9

ACCIDENT-RELATED DATA

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Accidental Deaths	7	.552	6	.484	13	.519
Motor Vehicle					2	.08
Poisoning					4	.16
Falls					2	.08
Fire and Explosion					3	.12
Suffocation					1	.04
Drowning					1	.04

A-10

POISON INGESTION CASES TREATED
(Children Under 6)

Type of Poison	Number of Children
Drugs	649
Household Products	256
Cosmetics	23
Insecticide - Rat Poison	95
Others	35
Total	1,058

A-10

ESTIMATED INCIDENCE OF MENTAL RETARDATION BY SOCIO-ECONOMIC CLASS

	Pre-School (0-6)	School (6-16)	Rate (Per 1,000)
High			
Total	67	88	20
Mildly	56	73	16.7
Moderate	9	11	2.7
Severe	2	4	.6
Middle			
Total	219	279	30
Mildly	183	233	24.9
Moderate	29	37	4.1
Severe	7	9	1.0
Low			
Total	928	1,180	70
Mildly	774	983	58.4
Moderate	123	157	9.3
Severe	31	40	2.3
Rural			
Total	286	365	50
Mildly	238	305	41.9
Moderate	38	49	6.6
Severe	10	11	1.8

A-11

ESTIMATED INCIDENCE OF MENTAL RETARDATION BY DEGREE

(Pre-School Age)

	Degree of Disability			
	Mildly	Moderate	Severe	Total
Socio-Economic Class				
High	56	9	2	67
Middle	183	29	7	219
Low	774	123	31	928
Rural	238	38	10	286
Total	1,251	199	50	1,500
Percent	83.5	13.3	3.2	

(School-Age)

Socio-Economic Class				
High	73	11	4	88
Middle	233	37	9	279
Low	983	157	40	1,180
Rural	305	49	11	365
Total	1,594	254	64	1,912
Percent	83.4	13.3	3.3	

ESTIMATED PREVALENCE OF HEARING DISORDERS

	Under 6	6-16
Difficulty w/faint speech only	211	269
Frequent Difficulty w/normal speech	30	38
All Hearing Impairments	241	307

A-13

VISUAL IMPAIRMENT BY SEX AND DEGREE OF IMPAIRMENT

			Degree of Visual Impairment			
			Both Eyes Involved			
	Total Population	Total Visually Impaired Persons	Total	Cannot Read Newsprint	Can Read Newsprint	One Eye Involved
Number of Cases						
All Ages, 6 yrs. & Over	155,279	4,860	2,578	938	1,640	2,282
6-16 yrs., both sexes	37,876	292	122	22	100	170
6-16 yrs., male	18,964	156	57	*	43	99
6-16 yrs., female	18,912	136	58	*15	43	78
	Rate Per 1,000 Population	Percent Distribution				
Rates & Percent Distribution						
All Ages, 6 yrs., & Over	31.3	100.0	53.0	19.3	33.7	47.0
6-16 yrs., both sexes	7.7	100.0	41.7	7.6	34.1	58.3
6-16 yrs., male	8.2	100.0	36.8	*	*27.5	63.2
6-16 yrs., female	7.1	100.0	42.1	*11.1	31.0	57.9

*Data unavailable or roughly estimated.

A-14

FREQUENCY OF CHILDREN WITH VARIOUS DEVELOPMENTAL DISABILITIES IN EACH OF FOUR AGE GROUPS IN TILLER COUNTY

	0-3 16,512	4-6 13,209	7-11 19,221	12-18 24,956	Total 73,898
Disability					
Mentally Retarded	826	660	961	1,248	3,695
Emotionally Disturbed	330	264	384	499	1,477
Hearing Impaired	134	107	156	202	599
Speech Impaired	518	462	673	873	2,586
Physically Handicapped	320	264	384	499	1,477
Visually Handicapped	15	12	17	22	66
Cerebral Palsy	25	20	29	37	111
Total Disabled	2,238	1,789	2,604	3,380	10,011

Based of U. S. Office of Education estimates.

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NUMBER AND PERCENT DISTRIBUTION OF PERSONS WITH 1+ CHRONIC CONDITIONS BY ACTIVITY LIMITATION STATUS, LAST YEAR
(Ages 0-16)

	Number	Percent of Pop.	Rate/1,000
With no Limitation of Activity*	11,466	17.8	178
With Limitation but not in Major Activity	735	1.1	11
With Limitation in Amount or Kind of Activity	524	0.8	8
Unable to Carry on Major Activity	131	0.2	2
Total	12,856	19.9%	199

*Major activity refers to ability to work keep house, or engage in school or pre-school activities.

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DENTAL VISITS (LAST YEAR)

	Age	
	Under 5	5-14
Type of Service		
Denture Work	107	1,054
Fillings	2,553	29,581
Extractions and Other Surgery	308	8,359
Cleaning Teeth	955	8,261
Examinations	3,394	19,644
Straightening	72	11,374
Gum Treatment	251	788
Total (Includes Other & Unknown Services)	6,893	71,642
Total Rate (per child)	.275	1.91

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DAYS LOST FROM SCHOOL LAST YEAR

Sex	Days Lost From School	Days Lost from School Per Child 6-16
Male	96,716	5.1
Female	100,234	5.3
Total	196,950	5.2

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PROPORTION OF CHILDREN (6 Mos-9 Yrs.; 5-9Yrs. of Age) WITH BASIC IMMUNIZATIONS

	Poliomyelitis[1]	DPT[2]	Smallpox[3]	Measles[4]
6 mos - 4 yrs				
Dixon				
High	95.7	96.8	55.3	56.4
Middle	86.7	90.8	36.7	31.6
Low	57.4	60.0	21.7	15.7
Rural	66.3	67.4	21.3	25.8
5 - 9 yrs				
Dixon				
High	97.4	92.3	79.5	30.8
Middle	92.8	87.4	67.0	22.7
Low	81.5	68.5	59.8	8.7
Rural	86.1	72.2	63.0	14.8

[1]Three or more IPV and/or 3 OPV.

[2]Primary series, ages 6 mos-4 yrs.; booster within past 4 yrs., ages 5-9.

[3]Vaccination within past 4 years.

[4]Vaccination ever.

USUAL SOURCE OF IMMUNIZATION

Proportion Reporting

Socio Economic Area	Private Physician	Health Dept.	Military	Other	None
Dixon					
High	82.8	11.0	4.4	.7	1.1
Middle	55.0	25.1	13.8	1.3	4.8
Low	27.3	52.6	6.7	1.9	11.5
Rural	39.3	21.4	28.6	1.0	9.7

TUBERCULOSIS SKIN TEST - PROPORTION REPORTING SUCH A TEST WITHIN THE PAST YEAR

Age Group	High	Middle	Low	Rural
Dixon				
6 mos - 4 yrs	64.9	49.0	7.8	36.0
5 - 9	53.8	54.6	50.0	52.8
10 - 14	46.1	40.4	44.2	47.4
Proportion Reporting Chest X-Ray within Past Year				
6 mos - 14 yrs	10.9	10.6	6.9	8.2

PHYSICIANS AND SPECIALISTS IN PRIVATE AND
NONPRIVATE PRACTICE BY LOCATION
DIXON METROPOLITAN AREA

(Excludes Potterville State Hospital

	Total Physicians	Physicians in Private Practice		Physicians not in Private Practice		
		General	Limited Specialty	Intern or Resident	Other Full-Time Hospital	Public Health or Teaching
City of Dixon	117	17	67	23	5	5
Tiller County*		7	9	0	0	0
Fernville	10	8	1	0	0	1
Bussell County**	1	1	0	0	0	0
Total Metropolitan Area***	144	33	77	23	5	6
Military	118	-	-	-	-	2

* Excludes City of Dixon

** Excludes Fernville

*** Excludes Fort Battle

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PHYSICIANS BY PRACTICING SPECIALTY
BY LOCATION - DIXON METROPOLITAN AREA

(Excludes Potterville State Hospital)

Specialty	City of Dixon	Tiller County*	City of Fernville	Bussell County**	Fort Battle
Internal Medicine	7	3	-	-	9
Obstetrics-Gynecology	12	3	-	-	10
Ophthalmology	4	-	-	-	2
Otolaryngology	3	-	-	-	3
Pediatrics	11	3	1	-	7
Preventative Medicine	2	-	1	0	4
Psychiatry	6	-	-	-	3
Surgery, General	11	1	-	-	9
Surgery, Neurological	2	-	-	-	-
Surgery, Orthopedic	5	-	-	-	7
Urology	5	-	-	-	5
Total	87	9	2	-	70

*Excludes City of Dixon

**Excludes Fernville

OTHER CIVILIAN HEALTH DISCIPLINES BY LOCATION -
DIXON METROPOLITAN AREA

(Excludes Potterville State Hospital)

Discipline	City of Dixon	Tiller County*	City of Fernville	Bussell County**	Total Metropolitan Area***
Dentists	39	4	4	-	47
General Practice	36	4	4	-	44
Orthodontist	2	-	-	-	2
Oral Surgeon	1	-	-	-	1
Pharmacists	69	18	7	3	97
Podiatrists	3	-	-	-	3
Vocational Counselors	1	-	1	-	2
Dietitians and Nutritionists	20	1	5	-	26
Speech Therapists	3	-	-	-	3
Optometrists	4	-	2	-	6
Social Workers	4	-	1	-	5
Technicians Medical and Dental	78	-	6	-	84
Therapists (registered)	5	-	-	-	5
Healers (not elsewhere classified)	5	-	-	-	5
Attendants, Hospitals and Institutions (Orderlies & Others)	150	-	28	-	178
Total	390	37	56	6	489

* Excludes City of Dixon

** Excludes Fernville

*** Excludes Fort Battle

PUBLIC HEALTH PERSONNEL IN THE DIXON METROPOLITAN AREA
(Excludes Potterville State Hospital)

Discipline	Tiller County*	Keener County	Bussell County**	Fort Battle	Total
P. H. Physicians	5	-	1	2	8
P. H. Nurses	25	1	5	4	35
P. H. Educators	1	-	1	-	2
P. H. Dietitians	-	-	-	2	2
P. H. Laboratorians	3	-	-	3	6

*Includes City of Dixon
**Includes Fernville

NURSING PERSONNEL BY CLASSIFICATION AND LOCATION
DIXON METROPOLITAN AREA

(Excludes Potterville State Hospital)

Nurses	City of Dixon	Tiller County*	City of Fernville	Bussell County**	Total Metropolitan Area***
Civilian					
Registered, Active	332	88	43	12	475
Registered, Inactive	151	30	10	8	199
Licensed, Practical	102	36	12	3	153
Aides	152	-	22	-	174
Military					
Degree or Registered	78				
Aides	200				

*Excludes City of Dixon

**Excludes Fernville

***Excludes Fort Battle

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VISITS BY TILLER COUNTY HEALTH DEPARTMENT NURSES
TO PATIENTS DISCHARGED FROM THE MEDICAL CENTER

Classification	No. of Visits
Prenatal	25
Post Partum	516
Premature Birth	57
Pediatric	147
Diabetic	37
Tumor	59
Cardiac	44
Neuropsychiatric	11
Community Hospital Psychiatric Program	81
Surgery	57
Urology	55
Orthopedic	73
Gynecology	113
Medical	301
Total	1,576

MORTALITY AND MORBIDITY STATISTICS, TILLER CO.

Infectious Disease Mortality		1965 No.	1965 Rate
Diphtheria	T	0	0.0
	W	0	0.0
	NW	0	0.0
Dysentery, All Forms	T	0	0.0
	W	0	0.0
	NW	0	0.0
Encephalitis, Infectious (Acute)	T	1	0.6
	W	1	0.8
	NW	0	0.0
Influenza & Pneumonia	T	52	29.4
	W	33	25.2
	NW	19	41.4
Malaria	T	0	0.0
	W	0	0.0
	NW	0	0.0
Measles	T	0	0.0
	W	0	0.0
	NW	0	0.0
Meningococcal Meningitis	T	2	1.1
	W	2	1.5
	NW	0	0.0
Meningitis Non-Meningococcal	T	3	1.7
	W	2	1.5
	NW	1	2.2
Poliomyelitis (Acute)	T	0	0.0
	W	0	0.0
	NW	0	0.0
Rickettsial Disease (Rocky Mtn. Spotted Fever)	T	0	0.0
	W	0	0.0
	NW	0	0.0
Scarlet Fever & Strept. Sore Throat	T	0	0.0
	W	0	0.0
	NW	0	0.0

Non-Infectious Disease Mortality		1965 No.	1965 Rate
Anemia	T	1	0.6
	W	1	0.8
	NW	0	0.0
Appendicitis	T	5	2.8
	W	1	0.8
	NW	4	8.7
Bronchitis	T	2	1.1
	W	2	1.5
	NW	0	0.0
Cirrhosis of Liver	T	14	7.9
	W	11	8.4
	NW	3	6.5
Diabetes Millitus	T	18	10.2
	W	11	8.4
	NW	7	15.3
Gastritis, Duo denitis,enteritis & Colitis (except diarrhea of newborn)	T	5	2.8
	W	3	2.3
	NW	2	4.4
Heart Disease	T	427	241.2
	W	318	242.6
	NW	109	237.5
Hyperplasia of Prostat.	T	1	0.6
	W	0	0.0
	NW	1	2.2
Hypertension without mention of heart	T	9	5.1
	W	3	2.3
	NW	6	13.1
Ill-defined and Unknown causes	T	8	4.5
	W	6	4.6
	NW	2	4.4
Intestinal Obstruction & Hernia	T	12	6.8
	W	6	4.6
	NW	6	13.1

Infectious Disease Morbidity		1965 No.	1965 Rate
Diphtheria	T	1	0.6
	W	1	0.8
	NW	0	0.0
Dysentery	T	0	0.0
	W	0	0.0
	NW	0	0.0
Encephalitis	T	1	0.6
	W	1	0.8
	NW	0	0.0
Hookworm	T	0	0.0
	W	0	0.0
	NW	0	0.0
Infectious Hepatitis	T	9	5.1
	W	6	4.6
	NW	3	6.5
Influenza	T	0	0.0
	W	0	0.0
	NW	0	0.0
Malaria	T	2	1.1
	W	2	1.5
	NW	0	0.0
Meningitis Meningococcal	T	6	3.4
	W	6	4.6
	NW	0	0.0
Meningitis other bacteria	T	3	1.7
	W	2	1.5
	NW	1	2.2
Meningitis Viral or Aseptic	T	5	2.8
	W	2	1.5
	NW	3	6.5
Meningitis Unspecified (Non-meningococcal)	T	7	4.0
	W	2	1.5
	NW	5	10.9

Infectious Disease Mortality		1965 No.	1965 Rate
Smallpox	T	0	0.0
	W	0	0.0
	NW	0	0.0
Syphilis and its Sequelae	T	3	1.7
	W	0	0.0
	NW	3	6.5
Tuberculosis	T	4	2.3
	W	2	1.5
	NW	2	4.4
Typhoid Fever	T	0	0.0
	W	0	0.0
	NW	0	0.0
Whooping Cough	T	0	0.0
	W	0	0.0
	NW	0	0.0
All Other Diseases Classified as Infective or Parasitic	T	4	2.3
	W	3	2.3
	NW	1	2.2
Total Deaths	T	1297	732.8
	W	891	679.6
	NW	466	884.5

Non-Infectious Disease Mortality		1965 No.	1965 Rate
Neoplasms Benign and Unspecified	T	4	2.3
	W	2	1.5
	NW	2	4.4
Neoplasms Malignant (including Neoplasms of lymphatic and Hematopoietic tissues)	T	177	100.0
	W	130	99.2
	NW	47	102.4
Nephritis & Nephrosis	T	10	5.6
	W	6	4.6
	NW	4	8.7
Pellagra	T	0	0.0
	W	0	0.0
	NW	0	0.0
Rheumatic Fever	T	0	0.0
	W	0	0.0
	NW	0	0.0
Senility Without Mention of Psychosis	T	4	2.3
	W	2	1.5
	NW	2	4.4
Ulcer of Stomach and Duodenom	T	8	4.5
	W	4	3.1
	NW	4	8.7
Vascular Lesions Affecting the Central Nervous System	T	144	81.4
	W	78	59.5
	NW	66	143.8
All Other Diseases	T	118	66.7
	W	78	59.5
	NW	40	87.1
Deaths - All Accidents	T	113	63.8
	W	82	62.5
	NW	31	67.5
Motor Vehicle Accidents	T	40	22.6
	W	33	25.2
	NW	7	15.3
All Other Accidents	T	59	37.4
	W	49	37.4
	NW	24	52.3

Infectious Disease Morbidity		1965 No.	1965 Rate
Measles	T	21	11.8
	W	-	-
	NW	-	-
Mumps	T	0	0.0
	W	-	-
	NW	-	-
Pneumonia	T	0	0.0
	W	-	-
	NW	-	-
Poliomyelitis*	T	0	0.0
	W	0	0.0
	NW	0	0.0
Rheumatic Fever	T	0	0.0
	W	0	0.0
	NW	0	0.0
Salmonellosis	T	0	0.0
	W	0	0.0
	NW	0	0.0
Scarlet Fever	T	2	1.1
Streptococcal Inf.	W	1	0.8
	NW	1	2.2
Shigellosis	T	1	1.1
	W	1	0.8
	NW	0	0.0
Tetanus	T	0	0.0
	W	0	0.0
	NW	0	0.0
Tuberculosis	T	48	27.1
	W	30	22.9
	NW	18	39.2
Typhoid	T	0	0.0
	W	0	0.0
	NW	0	0.0
Murine Typhus	T	0	0.0
	W	0	0.0
	NW	0	0.0

Infectious Disease Mortality		1965 No.	1965 Rate

Non-Infectious Disease Mortality		1965 No.	1965 Rate
Suicide	T	23	13.0
	W	16	12.2
	NW	7	15.3
Homicide	T	14	7.9
	W	6	4.6
	NW	8	17.4

Infectious Disease Morbidity		1965 No.	1965 Rate
Undulant Fever	T	-	
	W	-	
	NW	-	
Venereal Disease	T	469	265.0
Gonorrhea	W	86	65.6
	NW	413	899.8
Syphilis	T	174	98.3
	W	35	26.7
	NW	139	302.8
Whooping Caugh	T	0	0.0
	W	0	0.0
	NW	0	0.0

No. = Number cases reported
Rate = Cases/100,000 pop.
A dash (-) = data not available

T = total
W = white
NW = non white

Anemia = Ill-defined and unknown causes

*Paralytic
Non-Paralytic

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TILLER COUNTY HEALTH DEPARTMENT

Current Division Budgets

Division	Total	Local	State	Medical Center*
Administration	89,140.00	69,136.00	20,004.00	
Communicable Disease Control	12,541.00	3,368.00	540.50	8,632.50
Dental Health	16,595.20	9,778.50	3,959.00	2,857.70
Environmental Health	91,461.00	70,781.00	20,680.00	
Health Education	12,211.60	8,412.30	3,799.30	
Laboratory	22,139.00	15,606.65	6,532.35	
Maternal, Child, and School Health	22,135.65	12.390.00	1,080.00	8,665.65
Mental Health	42,210.85	26,163.00	8,346.00	7,701.85
Public Health Nursing	153,489.00	103,150.00	50,339.00	
Tuberculosis Control	10,800.00	8,158.35	2,641.65	
	472,723.30	326,943.80	117,921.80	27,857.70

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TILLER COUNTY HEALTH DEPARTMENT STAFF

Permanent Staff

Commissioner of Health (M.D.)	1
Assistant Commissioner of Health (M.D.)	1
Public Health Administrator (nonmedical)	1
Psychiatrist	1
Dentist	1
Veterinarian	1
Public Health Engineer	1
Entomologist	1
Health Educator	1
Public Health Nurses	25
Clinic Nurses	4
Sanitarians	6
X-Ray Technician	1
Bacteriologists	2
Laboratory Technician	1
Social Workers	2
Rabies Control Officers	2
Insect and Rodent Control Specialists	2
Secretaries	6
Clerks	9
Switchboard Operator and Receptionist	1
Custodian	1
Janitor and Grounds Maintenance	1
Maid	1
Maid (Part-time)	1

State-Assigned Staff

Physician (TB Division)	1
Communicable Disease Investigators (VD)	3
Nurse (Crippled Children's Service)	1
Clerks (Crippled Children's Service)	2
Total Staff	81

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LOCATION OF UNDERPRIVILEGED AREAS IN DIXON AND TILLER COUNTY

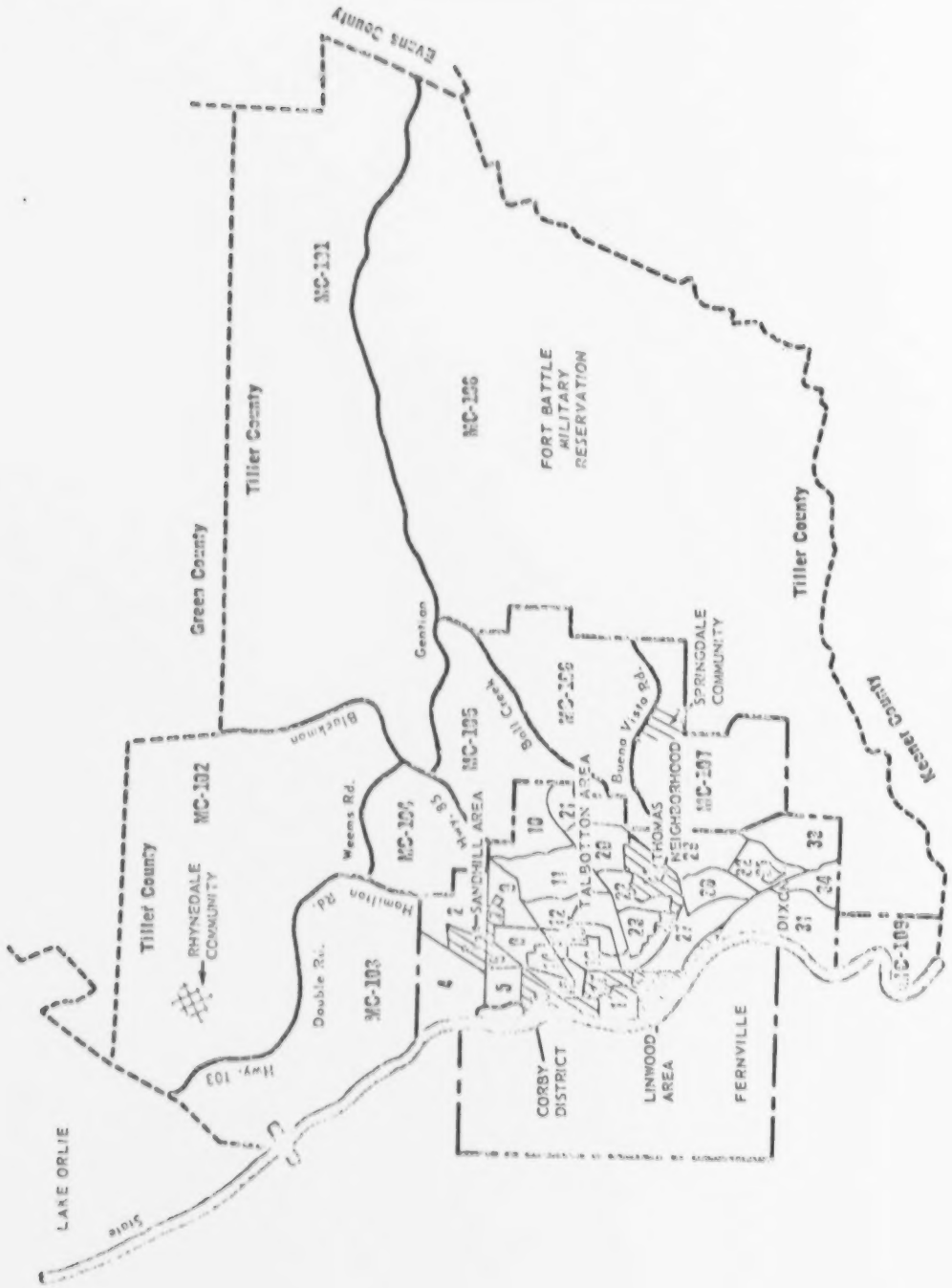

TABLE 1: POPULATION BY AGE AND RACE
TILLER COUNTY

Age Group	White	Other Races	Total
0-4	20,010	6,080	26,090
5-14	27,420	10,130	37,550
15-24	25,491	6,699	32,190
25-44	41,489	11,791	53,280
45-64	19,582	7,238	26,820
65+	6,793	2,277	9,070
Total	140,785	44,215	185,000

TABLE 2: EDUCATION BY YEARS OF SCHOOL COMPLETED IN PERSONS 25+, BY RACE
TILLER COUNTY

Years of School Completed	White	Other Races	Total
Elementary			
None	610	1,263	1,873
1-4	7,083	4,866	11,949
5-7	5,706	4,013	9,719
8 years	6,232	1,704	7,936
High School			
1-3	5,847	4,140	9,987
4 years	27,413	3,529	30,942
College			
1-3	6,086	960	7,044
4+	8,887	831	9,718
Median School Years Completed	11.3	7.3	11.1

TABLE 3: FAMILY INCOME BY AMOUNT AND RACE
TILLER COUNTY

Family Income ($)	Families White	Families Other Races	Families Total
Under 3,300	4,154 (11.6%)	2,253 (24.1%)	6,407 (14.2%)
Over 3,300	31,655 (88.4%)	7,094 (75.9%)	38,749 (85.8%)
Median	$8,147	$4,974	$7,322

TABLE 4: WORK FORCE AND UNEMPLOYMENT BY AGE AND RACE
TILLER COUNTY

Age Group	White		Other Races		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	4,907	18.0	1,745	32.0	6,652	21.7
20-64	49,745	2.4	16,467	4.3	66,212	2.9
16-64	54,652	3.8	18,212	7.0	72,864	4.6

TABLE 5: WORK FORCE AND UNEMPLOYMENT BY AGE AND SEX
TILLER COUNTY

Age Group	Male		Female		Total	
	No Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	4,124	18.6	2,528	26.7	6,652	21.7
20-64	39,727	1.5	26,485	4.9	66,212	2.9
16-64	43,851	3.1	29,013	6.8	72,864	4.6

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FIGURE 2: CORBY DISTRICT OF DIXON

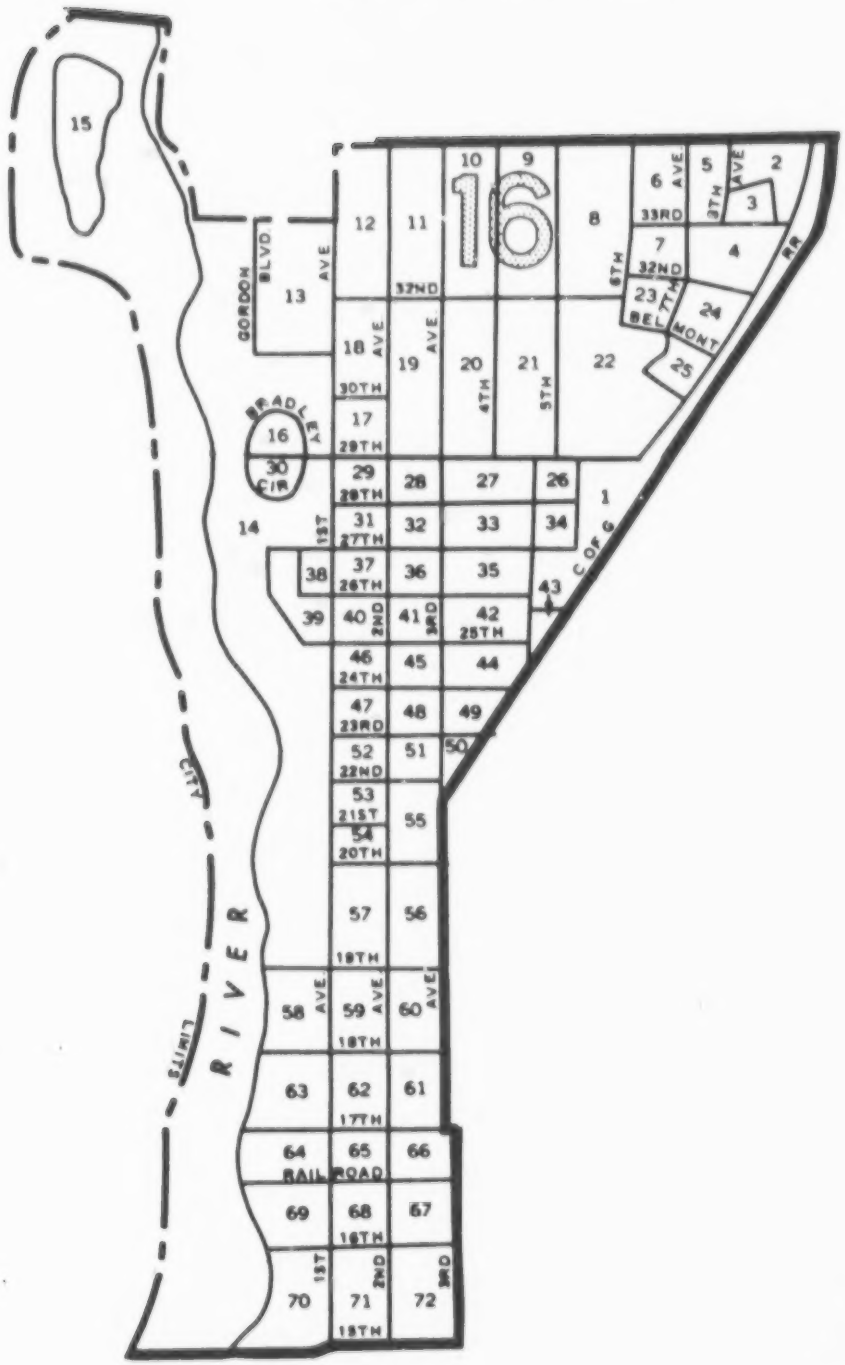

TABLE 6: POPULATION BY AGE AND RACE
CORBY DISTRICT OF DIXON

Age Group	White	Other Races	Total
0-4	534	87	621
5-14	1,032	136	1,168
15-24	633	68	701
25-44	968	146	1,114
45-64	937	115	1,052
65+	384	31	415
Total	4,488	583	5,071

TABLE 7: EDUCATION BY YEARS OF SCHOOL COMPLETED IN PERSONS 25+, BY RACE
CORBY DISTRICT OF DIXON

Years of School Completed	White	Other Races	Total
Elementary			
None	90	30	120
1-4	299	71	370
5-7	525	70	595
8 years	202	13	215
High School			
1-3	877	38	915
4 years	254	30	284
College			
1-3	68	2	70
4+	27	4	31
Median School Years Completed	8.7	6.3	8.0

TABLE 8: FAMILY INCOME BY AMOUNT AND RACE
CORBY DISTRICT OF DIXON

Family Income ($)	Families White	Families Other Races	Families Total
Under 3,300	341 (30.9%)	45 (39.5%)	386 (31.7%)
Over 3,300	763 (69.1%)	69 (60.5%)	832 (68.3%)
Median	$4,769	$3,679	$4,644

TABLE 9: WORK FORCE AND UNEMPLOYMENT BY AGE AND RACE
CORBY DISTRICT OF DIXON

Age Group	White		Other Races		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	198	25.3	19	36.8	217	26.3
20-64	1,210	5.0	200	5.5	1,410	5.1
16-64	1,408	7.8	219	8.2	1,627	7.9

TABLE 10: WORK FORCE AND UNEMPLOYMENT BY AGE AND SEX
CORBY DISTRICT OF DIXON

Age Group	Male		Female		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	115	21.7	102	31.4	217	26.3
20-64	844	3.2	566	7.9	1,410	5.1
16-64	959	5.4	668	11.5	1,627	7.9

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FIGURE 3: LINWOOD AREA OF DIXON

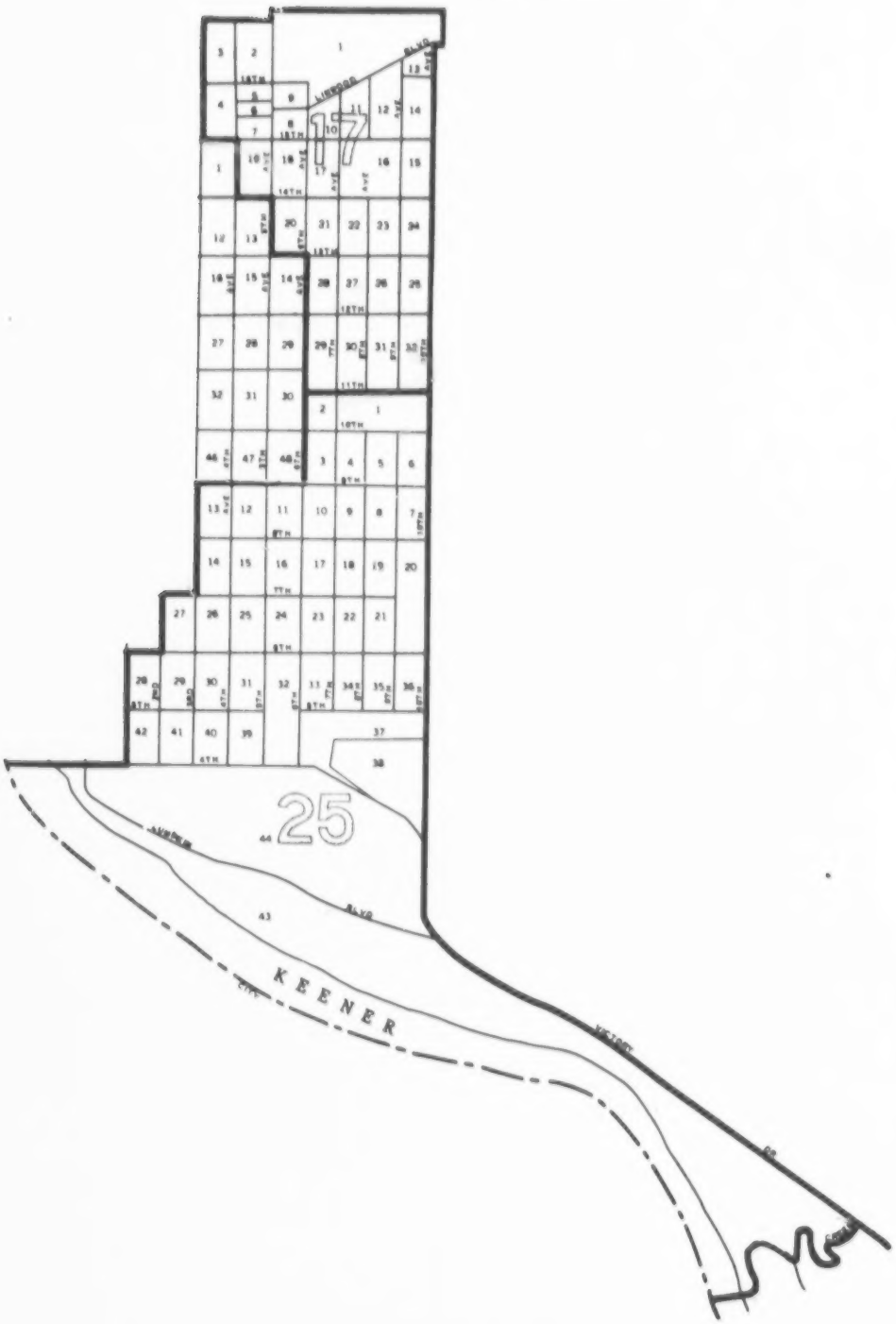

TABLE 11: POPULATION BY AGE AND RACE
LINWOOD AREA OF DIXON

Age Group	White	Other Races	Total
0-4	115	734	849
5-14	137	1,234	1,371
15-24	297	779	1,076
25-44	320	1,772	2,092
45-64	293	1,416	1,709
65+	132	530	662
Total	1,294	6,465	7,759

TABLE 12: EDUCATION BY YEARS OF SCHOOL COMPLETED IN PERSONS 25+, BY RACE
LINWOOD AREA OF DIXON

Years of School Completed	White	Other Races	Total
Elementary			
None	29	207	236
1-4	74	715	789
5-7	81	713	794
8 years	58	249	307
High School			
1-3	81	553	634
4 years	204	922	1,126
College			
1-3	39	308	347
4+	180	51	231
Median School Years Completed	12.2	7.9	8.5

TABLE 13: FAMILY INCOME BY AMOUNT AND RACE
LINWOOD AREA OF DIXON

Family Income ($)	Families White	Families Other Races	Families Total
Under 3,300	47 (14.5%)	592 (38.9%)	639 (34.6%)
Over 3,300	277 (85.5%)	929 (61.1%)	1,206 (65.4%)
Median	$8,192	$3,725	$4,471

TABLE 14: WORK FORCE AND UNEMPLOYMENT BY AGE AND RACE
LINWOOD AREA OF DIXON

Age Group	White		Other Races		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	75	18.7	181	34.3	256	29.7
20-64	430	2.6	2,469	4.9	2,899	4.6
16-64	505	5.0	2,650	6.9	3,155	6.6

TABLE 15: WORK FORCE AND UNEMPLOYMENT BY AGE AND SEX
LINWOOD AREA OF DIXON

Age Group	Male		Female		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	135	25.2	121	34.7	256	29.7
20-64	1,735	2.8	1,164	7.1	2,899	4.6
16-64	1,870	4.4	1,285	9.7	3,155	6.6

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FIGURE 4: SAND HILL AREA OF DIXON

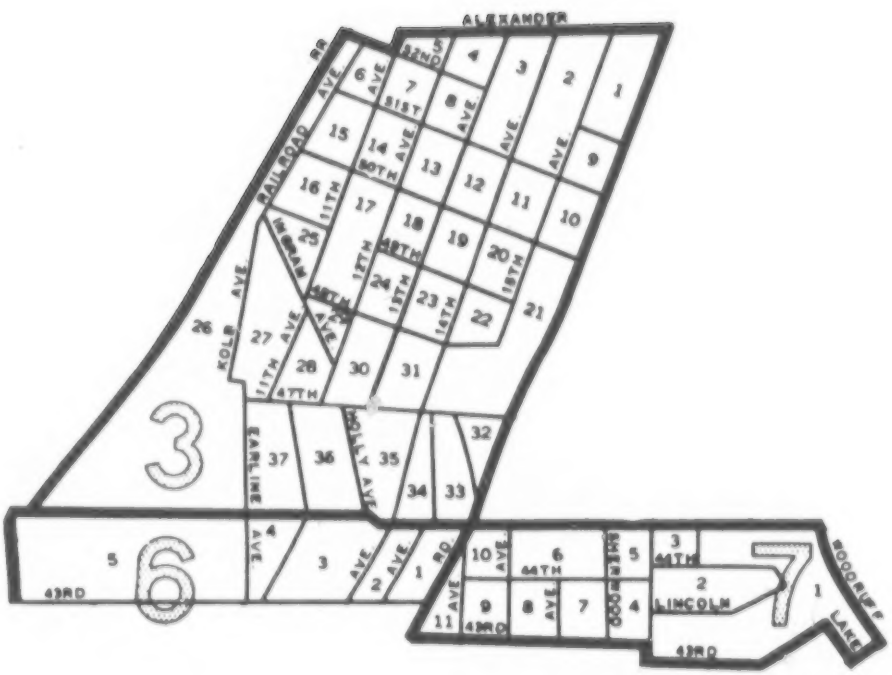

TABLE 16: POPULATION BY AGE AND RACE
SAND HILL AREA OF DIXON

Age Group	White	Other Races	Total
0-4	277	337	614
5-14	546	531	1,077
15-24	419	341	760
25-44	664	516	1,180
45-64	471	334	805
65+	186	118	304
Total	2,563	2,177	4,740

TABLE 17: EDUCATION BY YEARS OF SCHOOL COMPLETED IN PERSONS 25+, BY RACE
SAND HILL AREA OF DIXON

Years of School Completed	White	Other Races	Total
Elementary			
None	65	53	118
1-4	219	286	505
5-7	323	188	511
8 years	112	119	231
High School			
1-3	399	196	595
4 years	161	81	222
College			
1-3	58	38	96
4+	13	7	20
Median School Years Completed	7.5	6.3	7.1

TABLE 18: FAMILY INCOME BY AMOUNT AND RACE
SAND HILL AREA OF DIXON

Family Income ($)	Families White	Families Other Races	Families Total
Under 3,300	176 (30.3%)	186 (40.3%)	362 (34.8%)
Over 3,300	404 (69.7%)	275 (59.7%)	679 (65.2%)
Median	$4,928	$3,500	$4,343

TABLE 19: WORK FORCE AND UNEMPLOYMENT BY AGE AND RACE
SAND HILL AREA OF DIXON

Age Group	White		Other Races		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	125	29.6	93	38.7	218	33.5
20-64	738	5.3	699	6.7	1,437	6.0
16-64	863	8.8	792	10.5	1,635	9.7

TABLE 20: WORK FORCE AND UNEMPLOYMENT BY AGE AND SEX
SAND HILL AREA OF DIXON

Age Group	Male		Female		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	115	27.8	103	39.8	218	33.5
20-64	860	4.0	577	9.0	1,437	6.0
16-64	975	6.8	680	13.7	1,655	9.7

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FIGURE 5: TALBOTTON AREA OF DIXON

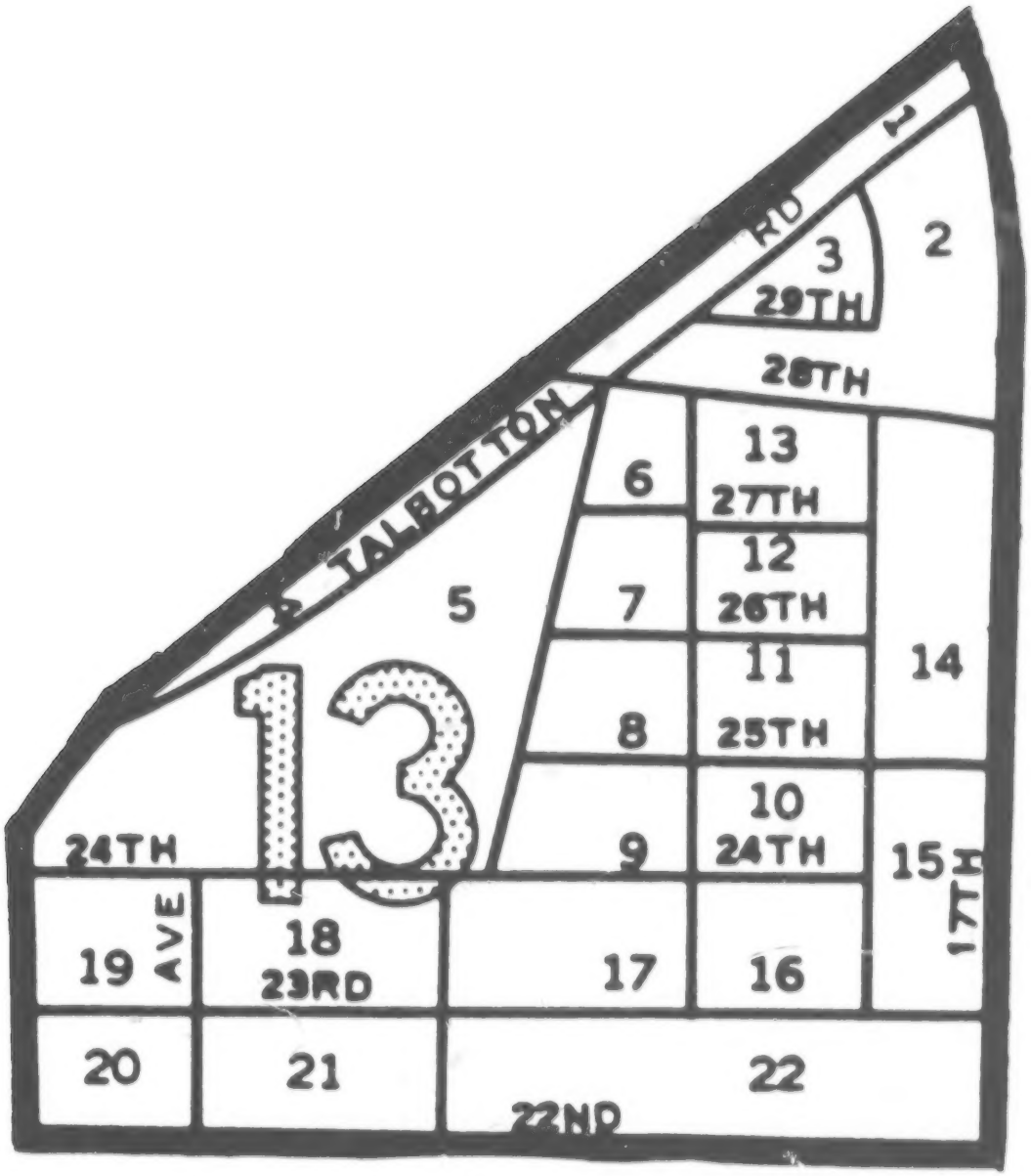

TABLE 21: POPULATION BY AGE AND RACE
TALBOTTON AREA OF DIXON

Age Group	White	Other Races	Total
0-4	53	307	360
5-14	97	543	640
15-24	113	286	399
25-44	151	689	840
45-64	135	580	715
65+	46	185	231
Total	595	2,590	3,185

TABLE 22: EDUCATION BY YEARS OF SCHOOL COMPLETED IN PERSONS 25+, BY RACE
TALBOTTON AREA OF DIXON

Years of School Completed	White	Other Races	Total
Elementary			
None	11	90	101
1-4	30	290	320
5-7	47	313	360
8 years	27	85	112
High School			
1-3	40	273	313
4 years	144	283	427
College			
1-3	17	37	54
4+	16	83	99
Median School Years Completed	11.1	7.4	8.0

TABLE 23: FAMILY INCOME BY AMOUNT AND RACE
TALBOTTON AREA OF DIXON

Family Income ($)	Families White	Families Other Races	Families Total
Under 3,300	48 (30.0%)	215 (33.1%)	263 (32.5%)
Over 3,300	112 (70.0%)	434 (66.9%)	546 (67.5%)
Median	$5,040	$4,593	$4,682

TABLE 24: WORK FORCE AND UNEMPLOYMENT BY AGE AND RACE
TALBOTTON AREA OF DIXON

Age Group	White		Other Races		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	31	22.6	71	35.2	102	31.4
20-64	191	3.1	968	5.2	1,159	4.8
16-64	222	5.9	1,039	7.2	1,261	7.0

TABLE 25: WORK FORCE AND UNEMPLOYMENT BY AGE AND SEX
TALBOTTON AREA OF DIXON

Age Group	Male		Female		Total	
	No. Workers	% Unem	No. Workers	% Unem	No. Workers	% Unem
16-19	54	25.9	48	37.5	102	31.4
20-64	694	3.0	465	7.5	1,159	4.8
16-64	748	4.7	513	10.3	1,261	7.0

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FIGURE 6: THOMAS NEIGHBORHOOD OF DIXON